THE

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A MONTHLY JOURNAL

OF

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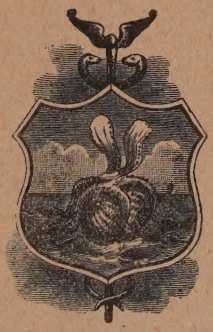

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CLINICAL LECTURES.

RESULT OF AN OPERATION FOR LACERATED PERINEUM.

BY E. E. MONTGOMERY, B.S., M.D.,
Professor of Didactic and Clinical Gynæcology, Medico-Chirurgical College, Philadelphia.

DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE, PHILADELPHIA.

[Reported for THE BULLETIN by Dr. J. W. WEST.]

GENTLEMEN: This patient is one whom some of you will remember as having undergone perineorrhaphy at the beginning of the fall session. Her history was as follows:—

She had had two children in less than two years after marriage. In the first labor there was a laceration of the perineum which was extended in the second confinement.

As a result of this weakening of the posterior segment of the pelvic floor, there was a rolling out of the anterior and posterior walls of the vagina.

The uterus was found in a state of superinvolution, the cervix slightly lacerated and firmly fixed upon the right side by cicatricial adhesions, and thickening of the right broad ligament.

In considering the advisability of operation, it was deemed wise to confine the operation to the posterior vaginal wall and perineum. The uterus being fixed by the products of the previous cellular inflammation was not likely to be prolapsed.

In freshening the surfaces, it was done well forward upon the labia, so that the anterior segment might be well supported. The union was perfect, and, as I now show you, she has an excellent perineum.

Owing to sickness of her child she left the hospital at the end of two weeks, and has been acting as nurse a good portion of the time since. She complains of a sense of weight, "as if something were about to come out," but upon examination there is found no indication of prolapsus, and, while the anterior wall is somewhat redundant, it shows no indication of rolling out. The uterus is found firmly fixed in position. There is some leucorrhœal discharge. Her condition did not seem to require further operative interference, so it was advised that she have daily injections of an astringent, as alum, zinci sulph., or of plumbi acet., ʒj to aqua Oj, when the vagina is not occupied by a tampon of cotton saturated with the following mixture:—

℞. Acid carbolic	ʒj.
Pulv. alum	ʒj.
Glycerine	ʒviij.

M.—To be applied once weekly in her case, and allowed to remain three days.

Instead of mineral astringents, the ext. hydrastis canadensis fluid may be used (1 part to 10 of water). The ordinary officinal extract is objectionable on account of its coloring matter, which almost indelibly stains the clothing. This can be obviated by using the colorless extract as prepared by Parke, Davis & Co.

After the vaginal mucous membrane has been improved by the plan of treatment suggested, the tendency to prolapse may be obviated by the use of a Gehrung pessary.

Significance of Hemorrhage.—I present the following history:—

"Mrs. C., æt. 36, twice married, pregnant once eighteen years ago. Three months ago, after the cessation of her menstruation for

two months, she had a severe hemorrhage attended with the discharge of a number of clots. She supposed herself suffering from an abortion. This bloody discharge has continued to a considerable degree ever since. She now presents an emaciated, almost cachectic, appearance; has lost flesh. The bleeding is not attended with pain. Upon examination the underclothing, genitalia, and limbs of the patient were found covered with blood. The uterus was enlarged, three inches long, retroverted, with os but slightly open; after wiping off the surface the blood was seen to flow from the cervical canal; this flow was greatly increased by the introduction of a sound so that a pledget of cotton saturated with liq. ferri. persulphat. was introduced and left in the cervical canal. Even with this there continued some bleeding."

This history I present for the purpose of using it as a text for advancing for your consideration the significance of hemorrhage from the genitalia. An excessive discharge of blood accompanied with ovulation is designated by the term menorrhagia. By many this term is applied to any copious monthly flow, without regard to what cause it may be due.

It should be remembered, however, that menorrhagia is a *symptom*, and not the disease, and our attention should be directed to ascertaining the cause. In determining, thus, the condition to which a menorrhagia or metrorrhagia is due, you must keep in mind the conditions which will be named as causes; for if you do not think of any of the diseases named, you are liable to error in arriving at a correct diagnosis.

Thus a menorrhagia or metrorrhagia may arise from a threatened abortion, a threatened miscarriage, or a polypus. The patient may be the possessor of a uterine fibroid, or the victim of cancer. It may occur from simple catarrh of the cervix, or the catarrh may be accompanied by abrasion of the neck. But, in addition to the conditions named, there are more recondite causes which must not be permitted to escape your consideration in arriving at a diagnosis. Among these should be remembered endometritis, of which hemorrhage is a symptom producing a pseudo-menstruation. In these cases the hemorrhage may continue over a period of years—in fungus or hemorrhagic endometritis.

Peri, or parametritis, by interfering with the circulation, produces passive congestion or even extension of inflammation to patches of the uterine mucous membrane, with increased bloody discharge. Ovaritis is very often accompanied with prolonged menstruation, and in these cases we will usually find it accompanied by some endometritis. Vaginitis is frequently a cause of bloody discharge. The bleeding may come from small inflamed spots, especially about the urethra and orifice of the vagina. It may follow exercise, as walking and riding, or coition, and oftentimes, though trifling, may be the source of great mental distress to the patient, particularly if she has passed the climacteric. The importance of scanning the vaginal mucous membrane closely cannot be too strongly impressed upon you, when the uterus shows no evidence of disease.

A perfunctory uterine examination would fail entirely to disclose the source of trouble, and correspondingly lower the value of the professional opinion in the mind of the patient. Women who have borne a number of children sometimes suffer from varicose veins of the vagina; rupture of one of these enlarged vessels has led to a fatal result before a physician could be obtained.

Menorrhagia is distinguished from metrorrhagia in that the former, as has been stated, occurs simultaneously with ovulation, while the latter occurs independently during the intervals of menstruation or subsequent to the menopause. It is many times difficult to make this distinction with certainty. Autopsies, upon women who have had a recurrence of bloody discharge after the menopause, have shown the presence of well-developed corpus lutea. In other cases we are unable to declare that ovulation has not occurred more frequently.

Women vary greatly as to the amount and duration of the menstrual flow. What one would consider normal another would regard as amenorrhœa, and the normal of some would appear a hemorrhage to others.

If a patient comes to you complaining of hemorrhage or excessive flow, you would endeavor to ascertain the quantity lost; this is best done by ascertaining the number of napkins soiled in twenty-four hours.

2d. Inquire as to the formation of clots, their size, their appearance, and firmness.

3d. The duration of the discharge. Within certain limits every woman is a law unto herself in this respect.

4th. You should further inquire into the character of the discharge, as to the color, odor, and the appearance of coffee-ground discharges.

5th. The length of the interval between the menstrual periods.

Lastly, the effect upon the general health; for from this are we to judge the slighter variations from the normal.

Pathology.—Many times the hemorrhage is a direct result of the engorged condition of the pelvic viscera, and the flow acts as nature's safety-valve in relieving pressure and avoiding danger of rupture in more vital portions, as the formation of hematocele, etc. Just as epistaxis in the young is a giving way of the weakest portion, and frequently in later years saves the rupture of an atheromatous vessel in the brain.

Relaxation of the uterus may be a source of hemorrhage, the uterus will feel large and flabby. It has not the power to contract upon its contents, and the vessels remain engorged. Oftentimes a clot will form in such a uterus, whose disintegration will furnish a peculiar discharge for a length of time, which will be a cause of great mental distress.

Fortunately in chlorosis, or poverty of blood, nature prevents further drain upon the vital forces by discontinuing the menstrual function, but not unfrequently we meet with cases of chlorosis in which there is an excessive flow. In these cases the two conditions react upon each other, the menorrhagia increasing the chlorosis, and the latter exaggerating the former.

The condition of the bleeding surface should not escape our attention. This, of course, varies with the age of the person. In the young the tissue is much more healthy than in the old. In both there is, undoubtedly, partial denudation, but in the latter this is accompanied with various senile degenerations. In fatal cases, partial separation of the membrane is often found, and also disseminated spots of ecchymosis. We may enumerate the following as varieties of true menorrhagia. In young women the first appearances of the menses is attended with a very severe hemorrhage, while subsequent periods are unattended by any variation from the normal flow. The newly-married woman sometimes suffers from menorrhagia as a result of her changed relations. The woman may pass over her period by weeks or even months, and then menorrhagia set in and lead her to believe that she has had a miscarriage.

Women point to incidents of this kind with a certain amount of pride, as relieving them from the fancied reproach of being absolutely sterile. Only shreds or portions of the ovuline tissue should be accepted as evidence of the presence of pregnancy. Healthy women are not likely to suffer from menorrhagia, except in frequent pregnancy and lactation a watery condition of the blood is engendered which may induce it.

In obstructive diseases of the heart, lungs, kidneys, and liver, menorrhagia is not an unusual symptom, and you should not make the mistake of so exaggerating the importance of the local symptoms as to overlook the constitutional condition. You will remember a case of valvular obstruction at a late clinic, in which the heart lesion was the cause of this symptom.

Pregnant women not infrequently suffer from an increased flow extending over the first two or three periods. A severe hemorrhage sometimes occurs three to six weeks subsequent to delivery. In elderly women, although the menopause has occurred, a free flow will occasionally follow coition. This is undoubtedly due to the engorgement of the viscera as a result of sexual excitement.

CONGENITAL LACK OF DEVELOPMENT OF THE NERVOUS SYSTEM; REMARKS ON THE PATHOLOGY OF MALARIAL FEVER.

BY ABRAHAM S. GERHARD, A.M., M.D.,
Professor of Pathology and Medical Jurisprudence in the Medico-Chirurgical College, of Philadelphia.

DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE HOSPITAL, PHILADELPHIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This boy, æt. 10 years, is said to have been well until four years ago, at which time a weakness of the legs and of the back was noted by the parents. As far as can be ascertained he never had cholera infantum, and has never been in a marasmic condition. He is said to have had, one year ago, a mild attack of diphtheria, but closer inquiry renders this somewhat doubtful. The difficulty has within the past few months been increasing, and the child is now scarcely

able to walk. There is no history of hereditary trouble, such as scrofula, carcinoma, syphilis, or tuberculosis.

Looking at the child's face, we see something that we cannot well describe. While it is not idiotic, it is a physiognomy that would indicate that the intellectual functions are not properly performed. The seat of the intellect and of the reasoning powers is in the cerebrum. When we have symptoms indicating lack of power in these functions we conclude that the trouble is in the cerebrum. This child is able to talk rationally, and the reason that he can not read or write is supposed to be because he was never taught. The cerebrum does not appear to be specially at fault in this case.

Beneath the upper centres we have the sensory system, consisting of the corpora striata and the optic thalami. Below this we have the medulla oblongata, containing most of the centres of the special senses. These appear to be uninterfered with in this case. Beneath the medulla we have the spinal cord, which is the conductor of influences from the centres above to the periphery, and from the periphery to the centres. It is also peculiarly the centre of that kind of activity which we call reflex.

The general health of the child is good and he is well nourished. The appetite is good and the digestion properly performed. There is no headache, no backache, nor any other pain complained of. We shall now examine the spinal column thoroughly, although I do not expect to find any difficulty there. We observe a marked curving inwards of the lumbar vertebræ, but this cannot be considered abnormal. There is no projection of the spines of any of the vertebræ, and there is no pain on pressure or on jarring of the spine. There is no difficulty about the hip-joints. We therefore exclude any injury to these parts.

What is the lesion in this case? Is it sclerosis, is it a ramolissement, is it some morbid growth, or is it simply a lack of development? After a careful study of the case, I am inclined to think that there is no mechanical cause in this case; that there is no particular disease, but that the trouble is due to a lack of development, involving both the spinal marrow and the sensorium. If this opinion be correct the prognosis is of course an unfavorable one. The case is incurable. Whether or not it is possible to check the progressive nature of the affection is a different matter.

The treatment will be of a general tonic character consisting of the administration of iron, quinine, and strychnia, as in the following formula:—

℞. Strychniæ sulphatis . . gr. ss.
Quiniæ sulphatis . . .
Ferri redacti . . .
Ext. gentianæ . . āā grs. xv.
M. et fnt. pil. No. xxx.
M. Sig.—One three times a day.

I would also advise the application of the galvanic current. Massage would also be of great service. It would be a good plan to alternate with massage for two weeks, and then galvanism the following two weeks. The general hygiene should be carefully looked after. The boy should have fresh air, sunlight, and exercise, with good nourishing digestible food.

Remarks on the Pathology of Malarial Fever.—Our next patient is suffering with quotidian ague. He stated that during the summer he was at work on a farm in the country and enjoyed good health. He then came to this city and went to work in a factory where fertilizers are made. Three weeks ago he was taken sick with chills, fever, and sweating, which were repeated every day. He continued at his work, however, until day before yesterday, when, as he was walking along the street, he fell and was brought here by a policeman. At that time he was in a paroxysm of malarial fever.

In this latitude we meet with three varieties of malarial fever, the quotidian, in which the paroxysm is repeated every day; the tertian, in which the paroxysm is repeated every other day; and the quartan, in which the paroxysm returns every third day. As I have said, in this case the fever was of the quotidian variety. I at once put him on the specific treatment, and he failed to have a paroxysm yesterday, and, to-day, he has so far escaped, although it is a couple of hours past the usual time for having the chill. For the past eighteen years my treatment of malarial fever has been the administration of quinine uncombined with anything save sufficient sulphuric acid to dissolve it. If we can administer thirty grains of quinine in divided doses in the interval between the paroxysms, we rarely fail to cut short the disease.

Let me say a word or two with reference to the pathology of this disease. I think that we have a perfect right to assume of this disease,

if we have of any disease, that it is due to what are known as bacteria or bacilli. The preferable term is, I think, *microbe*. There used to be a great deal of dispute as to the nature of these organisms, whether they were animal or vegetable. The term bacterium is used by many as a general term, including all these micro-organisms. Sédillot, of France, now deceased, first suggested the term *microbe*, which has been adopted by Pasteur and other authorities. Those who believe in the animal nature of these organisms use the term microzoaria, while those who believe in their vegetable nature, use the name mycrophyta. The microscope shows in the blood of patients suffering with intermittent fever a micrococcus which is peculiar to the blood of this disease. At first there is an undefinable nebular mass. This coalesces and forms in the shape of a crescent, and this develops rapidly until it becomes a complete globe or micrococcus. It is at this moment that it reaches its greatest activity, because at this time it reaches its fullest sexual development, and throws off spores. Although these micrococci are of the same species, the time required for them to reach their full development is different in different cases. In some, twenty-four hours, in others forty-eight hours, and in others seventy-two hours are required. In other cases the period may be extended to seven or fourteen days. These different varieties in some instances become intermixed, and then we have a quotidian and tertian ague, or a tertian and a quartan, or some other combination in the same individual.

This nebular mass to which I have referred is supposed to be most abundant after the paroxysm has passed. In twelve hours it has developed into the crescent, and in twenty-four hours it has reached the spherical shape and the point of greatest activity. The blood is in such a condition now that a rigor, followed by fever, is produced. The rise of temperature is, however, so great that the micrococci are killed. But the heat is not sufficient to kill the spores, which gradually develop again into the fully-formed micrococci, and then the paroxysm returns. This disease is, therefore, an example of real auto-infection. In this way we are able to explain the phenomena of this affection. If the blood drawn from a patient presents fully-developed micrococci, then would be the proper time to give a large dose of quinine—from ten to thirty grains. If this were continued, the spores also would be killed. If this is not practicable, we give half a drachm of quinine in divided doses during the intermission. This, as a rule, is sufficient to control the attack.

This patient will continue the quinine in two-grain doses three times a day until the seventh day is past, after which he will receive an anti-periodic tonic of iron, arsenic, and quinia:—

℞. Quininæ sulphatis . . . ℈j.
Liquoris potassii arsenitis . fʒiss.
Tincturæ ferri chloridi . . fʒss.
Aquæ menthæ piperitæ q. s. ad fʒiv.

M. Sig.—Take a dessertspoonful after each meal.

It is always a wise plan in quotidian ague to continue the remedy for seven days, in tertian ague to continue it fourteen days, and in quartan ague to continue it twenty-one days after the attack is broken. A neglect of this precaution leads to the development of these chronic cases of malarial fever.

ORIGINAL COMMUNICATIONS.

ANTISEPTIC TREATMENT OF WOUNDS.

BY E. L. B. GODFREY, PH.B., M.D.,
CAMDEN, N. J.

READ BEFORE THE CAMDEN COUNTY MEDICAL SOCIETY.

WITHIN the last twenty-five years the science of surgery (in so far as it relates to the treatment of wounds) has been revolutionized, and were diseased organs as accessible to direct treatment as external wounds, medicine proper could shake hands with surgery in congratulation at the general advancement. No longer is the deftness and brilliancy of a surgical operation a proof of the highest skill of the surgeon, for advancing science has relegated the operative excellence of the surgeon to a position secondary to the after-treatment of wounds. This is an evidence of progress, because it is the science of surgery overshadowing the art of surgery.

In times past, putrefactive wound-complications occasioned the greatest fatality in surgery. But it is now known that pyæmia, septicæmia, erysipelas, and gangrene do not arise primarily from the severity of an injury, or from an enfeebled constitution, but from the

operations of objective and extrinsic causes upon wounds. They are, therefore, under ordinary circumstances, preventable. The often fatal process of suppuration of wounds is largely a condition of the past, and, under the antiseptic *régime* of to-day, wounds heal by primary union, and in a manner that to our forefathers was unknown. Wound treatment, *cæteris paribus*, is of greater importance to the subject than commanding operative skill. What has wrought this change? Upon what principles are the surgeons of to-day able to avert the fatal wound complications of the past, and to increase so largely the percentage of recoveries from injuries and surgical operations?

First: Upon the discovery that putrefaction in wounds is due to the activity of microscopic organisms that attach themselves to wounds, and there, finding a pabulum meet for their nutrition, develop and multiply themselves at the expense of their surroundings.

Second: Upon the discovery that these organisms exist everywhere in the atmosphere, constituting in part its floating dust, and that the air, therefore, is the medium by which they are brought in contact with wounds.

The announcement of the fact that atmospheric dust is in part organized matter, ushered in the most brilliant period in the history of surgery, if not, indeed, in the whole domain of medicine. From the time of Hippocrates, it has been known that the air exerts an injurious influence on open wounds. The irritating influences were believed to reside in its physical properties, until the scientists of our day drew aside the veil of the invisible world, and not only exposed the micro-organisms in the floating dust of the atmosphere, but made known their properties and habits of life, and showed, moreover, that while the micro-organisms *per se* are harmless, that the products formed during the process of their growth, multiplication, and decay, are septic in character, and when found in wounds give rise to sepsis or putrefaction. Nothing more clearly demonstrates the truth of this position than the rapid healing of the contusions, lacerations, and extravasations of a fracture with an unbroken integument, while dire results often follow when the wound is exposed to the air. These organisms existing in numbers far greater than all other forms of life combined, found floating everywhere in the atmosphere, and having for their function the reducing of dead organic matter into its original elements, from which it again becomes serviceable for new life; they do not directly induce putrefaction in wounds, because their universality forbids such a view, but their character is influenced by the medium in which they are developed. And when they grow and multiply in tissue devitalized by injury they become poisoned, extend putrefaction beyond its natural limits, give the odor to pus, and, entering the system through the lymphatics and bloodvessels, give rise to surgical fever and metastastic abscesses. It is diseased germs, therefore, together with the morbid material they convey into the system, that are inimical to life. Whatever, therefore, antagonizes the growth, or destroys the products of micro-organisms, or removes devitalized tissue that affords them nourishment, constitutes antisepsis, which is one of the first conditions of wound treatment. Cleanliness and medicinal agents, which accomplish this effect when applied to wounds, constitute antiseptics.

It would prove tedious to discuss the different species of micro-organisms, or the properties of the different antiseptic agents, and only a few points, therefore, will be presented on the antiseptic virtues of carbolic acid, corrosive sublimate, iodoform, and bismuth.

First: Carbolic acid. This drug was first used as an antiseptic agent, as you are aware, by Lémaire, of France, in 1863. Its antiseptic effects were more fully elaborated by Mr. Lister, of London, in 1866. And if all the details of the Listerian method in the treatment of wounds seem unnecessary, if the carbolized spray is objectionable, the method of Mr. Lister should not be confounded with the principles of antiseptic treatment. It matters not whether the spray be used, or whether the wound be irrigated with an antiseptic lotion, or simply cleansed with boiling water; the principle is the same. Neither should it be forgotten that Mr. Lister was the first to appreciate the causation and most effective treatment of sepsis in wounds, and to inaugurate a method that has elevated the treatment of wounds from an empirical art to an acknowledged science. Carbolic acid is probably more generally used as an antiseptic than any other drug. Its miscibility, its volatility, its antiseptic and anæsthetic properties make it popular. But its odor and its irritant and toxic qualities will tend to circumscribe its use. Its disagreeable odor has,

however, of late, been partially removed by purifying it of some of the compounds associated with it in the crude state. It is claimed that carbolic acid in oil is inert in its action on germ life, and that the drug should be used in a watery solution in the proportion of one part to forty for irrigating wounds, and one part to twenty for washing wounded surfaces, sponges, etc. When the oil does not dissolve in a solution of one part to twenty of water, filtering will deprive the solution of suspended oil globules, and of the caustic effect of the same.

Corrosive sublimate has this advantage over carbolic acid in that in addition to its being antiseptic, it is non-irritating and odorless. The drug is said to be antiseptic in the proportion of one part to five thousand. Dr. Charles Meigs Wilson, of Philadelphia, has introduced compressed tablets of corrosive sublimate of the strength of one part to one thousand, when a tablet is added to a pint of water. The tablets form a solution of exact proportions, and are exceedingly convenient.

Iodoform has introduced a new method of antiseptic dressing—the dry powder dressing. And it is claimed that iodoform more fully meets the requirements of an antiseptic dressing than any other material. In addition to its antiseptic virtues, it is non-irritating and anæsthetic, and when lightly dusted on wounded surfaces does not interfere with union by first intention. Its odor, however, makes it objectionable, but that can in part be modified by the use of one of the essential oils. Its toxic qualities are such that it is claimed that not more than forty-five grains should be used on a wounded surface.

Bismuth suspended in water makes a convenient dressing for wounds, and besides its antiseptic properties, it restrains the secretions of a wound.

In addition to antiseptic drugs, ligatures, drainage-tubes, etc., antiseptic absorbent dressings are used to render aseptic both the discharges from a wound and the air that passes through the dressings to the wound. These dressings are chiefly of cotton-wool, gauze, lint, etc. After the material is cleansed, it is charged with one of the antiseptic remedies, as carbolic acid, corrosive sublimate, iodoform, bismuth, salicylic acid, boracic acid, etc. To prevent the medicated dressing from irritating the surface of the wound, a small piece of oiled silk is placed on the edges of the wound inside of the dressing. And to prevent the secretions that may soak through the dressings from becoming septic upon exposure to the air, waxed paper, or an impermeable dressing, is used on the outside. But impermeable dressings are objectionable on account of preventing the evaporation of sweat from a wound, and ordinarily they are not used except in a carbolic acid dressing, and then on account of the volatility of the acid.

POTASSÆ PERMANGANAS IN AMENORRHŒA.

BY EDWARD STERNE SHARPE, M.D.

SINCE the researches of Drs. Ringer and Murrell, respecting the above drug in the derangement there associated, appeared in The London Lancet, I have observed in various medical publications divers opinions regarding the effect of its employment, and in one, The Therapeutic Gazette, a request having been made for information as to the results of its practical use, either *pro* or *con*, I take the liberty of sending to your popular journal my personal experience with it in two typical cases of suppressio mensuim, that have presented themselves for treatment since said discussion began.

CASE I.—Miss F—, of this city, consulted me about eight months ago, complaining of amenorrhœa, constipation, abdominal swelling, general indisposition, and malaise. She was 16 years old, the catamenia having first appeared about one year previously, and, returning regularly for three months, had then ceased, and three months more had elapsed when she came to my office for relief. I prescribed an aloetic purgative, combined with ergot and myrrh, to be taken immediately before the next period, also advising the hot sitz bath with mustard each night before retiring; no benefit resulting I then had recourse to the apiol in capsules, given at the appointed time the month following, but still the menses failed to appear. As the young lady was becoming anæmic, and exhibited evidences of the chlorotic dyscrasia, I now refrained from direct medication, and ordered the liq. potass. arsenit. gtt. v., thrice daily after meals, gradually increasing the dose until gtt. viij. was reached, and this was per-

sisted in for about two months, when my patient stopped calling, passing from under my observation, and I supposed her cured. At the expiration of four months, however, she returned, and to my surprise informed me that she was still suffering from an aggravation of the old troubles, and her general health had become impaired to such a degree that she was obliged to resort again to medicine, hoping to get well. I now concluded to give her the potassæ permanganas, and administered twelve powders of the crystals, āā grs. ij., three each day, one hour before meals, followed by a tumbler of cold water. When these were taken according to the directions, in four days, she returned and reported an indescribable feeling of distress after each dose, lasting but a few minutes, yet extremely disagreeable; also, that although the flow had not reappeared, she had a decided sensation of the molimen hæmorrhagicum every time she took one of the powders. As it was now about the date of her usual indisposition, I ordered twelve more, in the same dose, to be taken as the preceding, and was gratified to learn upon her next visit, a few days afterward, that she was "unwell," in the paradoxical sense, that is expressive of physical well-being and normal tone. Her improved appearance, even then, certainly belied the negative assertion of functional inaction, and when I met her on the street a short time since, she seemed the embodiment of brilliant health and spirits, robust, active, and well.

Case II.—Miss R—, 19 years of age, was brought to me by her mother, about three months since, to be treated for an interruption of the menstrual function. Her general health was good, and she has always been regular, since the first appearance of the catamenia at the age of fifteen years. As two weeks had elapsed since the date of the usual period, I advised no medicine to be taken until three days before the next, when, in connection with the hot mustard hip-bath, I prescribed the capsules of apiol, as in the former case, but no benefit having been derived from the treatment, the following month I resorted again to the potassæ permanganas, grs. ij., thrice daily, on an empty stomach, followed by a glass of cold water. In this instance, I employed compressed dragées. Twenty-four were given her, and when half were taken she called to say that they made her so sick that she thought she would be obliged to discontinue. I urged her to persevere, telling her that it was a reliable therapeutic remedy, and would most probably afford her relief; so, reassured and encouraged, she left for a renewed trial, and about one week later called to inform me that she was regulated and feeling excellently well.

Should these two examples of benefit be confirmed by subsequent empirical practice, whilst realizing the illogical deduction of the *post hoc ergo propter hoc* apothegm, in the pathologic syllogism of disease, remedy, and cure, I shall feel inclined to welcome this unstable salt as a desirable accession to our armarium medicamentorum, and will deem it a valuable agent in the hygiene of the ovaries, and reproductive organs of the female.

Salem, N. J., December 2, 1886.

THE IMPORTANCE OF ALBUMENOID DIET.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

(Continued from November, 1886, number.)

HAVING spoken in a general way as to the advantages of an albumenoid food, a few notes of cases are now appended:—

I. One of the most important instances of the use of Emerson's preparation is that of a patient suffering from chronic interstitial nephritis. The chief difficulty in this case was the indisposition to follow a purely milk diet, and, at once, upon indulgence in animal food, the albumen rapidly increased in the urine. Various methods of cooking, and various articles were tried, but the difficulty appeared insurmountable until the albumenoid food was tested. It is probable that long-continued use, or largely administered quantities of this article would also have increased the albumen in the urine in time, but the amount consumed is that sufficient only to allay the craving for something "solid" as the patient terms it. Thus far (five weeks) the case is doing well under diet almost alone, a few grains daily of potassio-tartrate of iron only being given, and that frequently omitted.

II. A lady suffering from inveterate dyspepsia, which had resisted all remedies before I saw her, did well for a short time under nux vomica and extract of pancreatin. This failing, pepsin (pure), lactopeptine, and other digestive ferments were employed with but little good

effect. Dieting also secured partial relief alone, for the patient was *hungry* and eager for more than I was willing to allow her of any single article. She was the beginner in my trial of Emerson's food, but after a couple of days she became satisfied with milk when fortified by the albumenoid. It still does admirably, and, as the gastric catarrh is declining, I hope to coax her along without experimenting further for a month or so, at which time she ought to be able to undertake a more varied and elaborate dietary.

III. Another instance of indigestion is that of a gentleman whose stomach trouble arises from taking lunch at eleven or twelve. Breakfasting at eight and dining at seven, he naturally gets "peckish" about noon, and being a great slave to the pipe during business hours, solids don't agree with him. He can't be made to understand or believe that milk alone is nutritious to any one over a year old, so I got him to take it at noon conditionally upon its being thickened with something "really substantial" as he suggested, and the something was the albumenoid food, a tablespoonful to a pint of rich Alderney milk. Since adopting this plan he has neither pyrosis nor oppression at the præcordia, as before, and he appears satisfied with the "little snack," in fact, he is somewhat discursive about it to his friends, much as so many cranks were not long ago about hot water for all real or imaginary maladies.

IV. A lady who has uniformly suffered from distressing constipation during her pregnancies, and who was tired of the ordinary dietary fruits and cereals, has done nicely under the use of the albumenoid food at tea-time. Prior to commencing this, cascara sagrada did better than any other remedy, but I am opposed to habitual drugging during pregnancy, in fact, to all medication unless imperatively demanded. I attribute my freedom from cases of puerperal convulsions during the years when I had a considerable obstetric practice, to my watchfulness over the intestinal canal and kidneys, but I found that habit had much to do with regularity of evacuation, hence I used little medicine. Latterly, having almost discarded confinements, I insure alvine activity by careful diet, and I believe that the "Emerson food" is peculiarly applicable to the female during and subsequent to her pregnancy.

V. In a few cases of pulmonary phthisis in which I am using the albumenoid food it serves a good purpose in varying the dietary. With tender stomachs and an imperative demand for full nutrition, we must observe care, for, once failing, the appetite rarely reappears sufficiently to repair the extreme waste going on. The less medicine the better with me in this deplorable disease, therefore any or all good foods are hailed with satisfaction, and it is evident to me that in the albumenoid food we secure at once a simple, a relished, and a thoroughly nutritious aliment.

VI. Nothing taxes our ingenuity more at times than to feed cases of acute inflammatory rheumatism. I was brought up to believe that meat was destruction to articular rheumatism cases. In my own family I have seen refusal of "slops" carried almost to the verge of starvation. Observation has led to the conviction that in neither rheumatism nor gout can iron-clad rules be established. Both my brothers have recovered better with fairly good diet in my hands, than under gruels and the like in other professional care. One, who lay for thirteen weeks with low diet, got over a worse attack in two weeks when fed judiciously, but on full diet. I am now trying the Emerson albumenoids in this affection, and with satisfactory results in a lady upward of seventy years old, who requires small, though frequently repeated meals.

VII. In convalescence from typhoid or like debilitating illness, we would expect favorable report from food of this nature. In the latter days of the fever, patients become absolutely ravenous at times, yet then is the time to be careful. I think that many instances of relapse are due, not so much to the awful micro-germs, as to reflex irritation of the nerve centres, and direct irritation of the intestine from injudicious feeding. Here we need bland diet, not too strong, yet not too weak—a happy medium, as it were. Milk alone I don't really care for at any stage, for it will "cruddel," as the old women say, and neither barley-water nor any other addition seems to prevent this difficulty with me so well as the albumenoid food. I cannot yet say definitely more as to this point from lack of sufficient experience, but I do believe that we have here, if not the very best article for typhoid convalescents, at least one holding high rank. We should, as I said in the opening of this paper, give no school advantage points over us—this being so, attend

more to diet, even though drugs go into obscurity.

I am now attending by letter two cases of dyspeptic nature which came into my hands through reading my first paper on this subject, and I have additionally several hospital patients with varied nervous disorders, upon the food, of whom more anon.

"Il n'y a point de parité entre la responsabilité d'un médecin et son pouvoir; l'une est grande et l'autre petit, et c'est justement à cause des limites ou ce pouvoir est resserré que, bien qu'il soit facile d'en laisser perdre une parcelle, la moindre parcelle perdue cause une poignante anxiété."

246 North Twentieth St., Philad'a.

*SURGICAL NOTES.**

BY WILLIAM H. PANCOAST, A.M., M.D.,
Professor of General and Descriptive Anatomy in the Medico-Chirurgical College, of Philadelphia.

[Reported for The Bulletin by David M. King.]

GENTLEMEN: The first case is one of a large, painful swelling in the left groin. The patient walks with difficulty, and suffers a great deal of pain. The tumor is hard, resisting, and overlying the line of Poupart's ligament. It is not connected with the scrotum. There is evidently neither hernia nor hydrocele. The young man states that he has had no chancre nor any sore upon his penis. This is, therefore, a sympathetic inflammation of the lymphatic glands, produced by cold or by a strain, or standing upon a cold floor. He has no sore upon his feet. This, from what he says, seems to have come from a strain. In any sympathetic bubo which yields more readily to treatment than specific bubo, ordinary antiphlogistic treatment, like leeching, cold applications and rest, and action on the bowels will relieve. But where the bubo becomes resisting, this method, which I will now show you by the application of the therapeutic knife, is very valuable.

You see, I plunge this delicate, needle-like knife through the skin and into the inflamed gland, and, without making any more incision in the skin than this, puncture the glands fifty, sixty, or one hundred times. This lets out the congested and dead blood in the glands into the connective tissue, lessening the tension and relieving the congestion. This is the antiphlogistic touch of the therapeutic knife.

This patient, being slightly anæsthetized, has felt no pain. We will now apply evaporating, cold lotions over the swelling for twenty-four hours. If necessary, we will then apply a blister over the part and he will soon be cured.

Case II.—This patient, gentlemen, who now presents himself, you have seen before. He has a tumor in the abdominal cavity in the right iliac region, which is movable. You can lift it up. On percussion we find that the stomach is resonant, and the colon and smaller intestines. That it does not involve the hollow viscera directly, nor the liver or other organs.

On lifting it up it seems to be connected directly with the mesentery. The man's condition is good; there is no apparent cachexia, and the tumor is smaller, evidently, under treatment.

He has been leeched around the base of the tumor, and was blistered over its surface. His bowels were regulated, and he has been taking Donovan's solution and a stimulating preparation of barks.

Case III.—This patient is the one who had an enormous fistula, semi circular in shape, six inches long, extending on each side of the nates and reaching back to the coccyx; the probe could be passed up six inches along the bowel. The fistula had an opening at each end on the nates and extended up the bowel on one side about six inches.

Apparently there was no opening into the bowel. We inject water into one end, and it will flow out by the other without going into the rectum. The posterior middle part seems to lie just in front of the coccyx. You may recollect, on his first visit, two weeks ago, he was suffering very much; this open fistula was greatly inflamed, yet he was unable to rest, his duties compelled him to be on his feet. I then mentioned to you that I had frequently cured fistula in patients who were unable to relinquish business and obliged to keep about. The treatment was so satisfactory that it had almost become routine treatment with me. By passing in strong, heavy iron-dyed ligatures through the fistula and the hole through the bowel, and tying this ligature down as tight as the patient could bear it, you will make an excellent drainage, and enable the upper part of the fistula to heal up. After a time, when the strangulation by the ligature has deadened the vitality of the parts in the loop, I could then cut out one side of the isthmus of the

* Taken from cases occurring in Professor Pancoast's Surgical Clinic.

flesh and then the other, and, removing the pieces, have the fistula thus well opened and drained; by packing the wound it then would gradually heal. This the patient was well pleased with, and during the preparatory treatment he was able to attend to his business, and the final operation would only cause him to lay up for a few days.

In the present case, by this method I have shortened the fistula from six inches to two inches. I have got a good open drainage, and the probe does not extend as far up outside of the bowel. I will now enlarge the wound on the right side, and continue the treatment of packing.

The patient is much pleased with his improvement, feels a great deal less sore and more comfortable. We will keep his bowels open regularly and his strength supported by tonics. He will report to us again soon.

CASE IV.—This case, Mr. B—, you will recollect, has a stricture of the urethra about two inches long, fibrous, hard, and very resisting. He made water with great difficulty and suffering; only passing it in drops.

On examining him before you on the last clinic day, a week ago, none of the ordinary bougies could be passed. I was finally enabled to pass this filiform. You will recollect the first part of the stricture was tortuous. I passed in one filiform bougie, which filled up a pocket, and then a second one well oiled. I was finally enabled to pass it into the bladder. This stricture was in the spongy portion of the urethra, commencing at the bulb and running forwards. He had been under some previous treatment, which he said only aggravated his difficulty.

Before bringing him before you I had his bowels well moved, and gave him a good dose of quinine, about six grains. Now that the second filiform is in the bladder I remove the first one which was stuck on the side in a little pouch, and taking my urethrotome I pass the end of the instrument over the filiform, and seizing the filiform steadily push my urethrotome down into the urethra, the patient, in the mean time, being well anæsthetized with ether. The instrument now strikes upon the stricture, guided by the filiform bougie and its shoulder pressing against the stricture, I recognize exactly the beginning of the stricture. Now, springing the blade of my urethrotome and holding the filiform bougie and pulling on it gently, I delicately push the instrument down directly into the bladder, the blade of the instrument being exposed. I now withdraw my urethrotome with the filiform bougie, and, as I withdraw the instrument with the blade exposed, I make several superficial incisions along the track of the stricture. I now take a bougie catheter of my pattern, No. 20, of the French scale, and I pass it directly into the bladder (you see how freely the water flows) which I shall leave in for a few hours more or less, until I see him again.

CASE V.—*Operation for Internal Bleeding Hemorrhoids, with the two Ecraseurs.*—The patient that I now bring before you has been suffering a great deal for years with hemorrhoids. The last year or more they have been bleeding; they have made him pale and emaciated. The agony he has suffered has nearly exhausted his vitality, and induced him to eat as little as possible, and have his bowels moved no more than possible.

The patient has been first well prepared for the operation, which I think is a very important point. For a week previous to this day, I have had him on a nourishing and stimulating diet easily digested. I have purged him three times with blue mass, colocynth, and jalap, making him take an injection of mucilaginous warm water just before going to stool.

It is necessary to have the bowels well evacuated prior to any operation for internal piles, as the patient must rest for a week or ten days without any movement of the bowels.

I now take some strong steel pins, bent at right angles at the end, and putting up one end of a strong pair of Liston's bull-dog forceps, I pull down one half of the piles on the left hand side; I then pass two pins at right angles to each other through the base as you now see me do. Around these pins I throw the chain of this ecraseur. I push down the body of the ecraseur on the chain, so as to firmly seize the base of the hemorrhoids, my assistant lifting up the pins at the same time, so that when I close the chain tight it shall seize the piles well below the pins.

I now compress the base of the piles on the left hand side firmly with this closed chain of the ecraseur, and let my assistant turn the handle of the screw slowly, one turn in a minute. If you should proceed too rapidly in this first stage of the operation, you would be apt to cause the bloody tumors to burst; in cutting through too rapidly you might have some hem-

orrhage. It is also better to ecrase slowly at first, so that the circulation can go on for a little while and permit some of the blood from the piles to return into the rectum; you wish only to remove the hemorrhoids themselves.

While my assistant is holding this ecraseur and making a turn of the screw every minute, I will apply another ecraseur on the right side. I follow the same plan on this side. I push up one leg of the bull-dog forceps as far as I can (the other leg being outside), and closing them pull down as much of the hemorrhoids as possible. I pass the pins through the base in the same way as I did on the left. Then I put the chain below the pins, and running the body of the instrument down effectually strangulate the piles. Both ecraseurs are now working gradually so as to occupy about thirty minutes in the operation. I now take this hollow little tube, about five inches long, which has a flange on it, and pushing it up the bowel between the two chains of the ecraseurs the broad flange rests against the buttocks. The hollow tube has an arrangement just at the flange, so as to offer the necessary resistance to the sphincter muscle. This was a suggestion of my father's, which I think of great value, and it should be employed whether the operation is done with the ecraseur or with the ligature. It allows the fresh, cool air to go up into the bowel, and the foul air to pass out; at the same time, if there is the slightest hemorrhage the blood will flow out of the hole so one can recognize it. If any secondary hemorrhage should occur, by wrapping a piece of lint or linen soaked in Monsel's salt all around this tube, it can be forced up to the bleeding spot and arrest the hemorrhage.

You can see that between the two ecraseurs there is an isthmus of flesh uninjured front and back. The existence of this will prevent any stricture following the use of this instrument in this operation. Where a stricture has occurred after the use of the ecraseur, it has been because the operator did not understand the use of the instrument.

This operation is much preferable to the ligature. It is really more easily performed. After the operation is over, nothing remains but for the wound to heal. And there is no necessity for any other manipulation, as with the ligature when you sometimes have to tighten it, making the patient again suffer, or in the removal of the ligature.

This is a radical and easy cure, better than burning them off with a hot iron, or the use of acid or injection of carbolic acid. The very moment the operation is over the mucous membrane, being thus squeezed together and covered with plasma, begins to heal up at once.

The screw, as you notice, has been working slowly for some few minutes as the chain met with the greater resistance of the dense tissue. This one on the left hand side moves freely and easily; the chain has crushed through the base of the piles, and, as I lift it up, the hemorrhoidal tumor comes with it, and there is the base from which it has been removed, and there is hardly a drop of blood on it.

The screw of the other ecraseur also now works easily. It, too, has cut through, and there you see lying on the napkin these two large dark-colored masses, which but thirty minutes ago were full of blood, bleeding from their pores and exquisitely painful. You see how smooth and even the surface is from which the tumor has been removed, all but one point up near the isthmus. Here is a little mass which was not engaged in the loop of the chain. This is external now, and I apply the loop of the ecraseur around it and remove it rapidly.

An external pile should be cut open and the clot drained out, but internal piles must be treated differently, and I think the best way, as you are now able to judge, is by this method of ecrasement, by which the bloodvessels are crushed through, as you have just seen, without any loss of blood, except what has oozed from the pile outside of the chain and compressed by it. [The students applauded to express their satisfaction, which applause was checked by the Professor.]

The operation being now completed, I will dress the patient. I performed the operation, as you noticed, in the most antiseptic way possible, the instruments having been in carbolized water, and I washed the parts first carefully, and applied continually chloride mercury solution $\frac{2}{1000}$; I now tie two strong black ligatures around the end of the tube, which is in the rectum, and fasten each ligature front and back to a bandage tied around the waist. These will hold the instrument gently and firmly in position in the rectum against the buttocks, and around the bowel, leaving the hole of the tube open. I apply several folds of this carbolized linen, which I retain in position by a clean bandage. My assistant will

now with this syringe throw up the tube forty drops of laudanum.

The operation is over, the patient is coming to, and I will now order him to be placed in bed in the ward of the hospital. He will be kept at rest, free from pain, and asleep by the proper amount of laudanum—say forty drops thrown up occasionally through the tube into the rectum. This will tend to keep his bowels quiet, soothe the irritation, and prevent any subsequent spasmodic stricture of the urethra.

The first day or two his diet will be milk, then increased to mutton-broth and beef-tea or rice, and finally soft-boiled eggs, with a milk punch, if necessary, so as to keep up his strength, and yet leave as little *débris* as possible.

A SELECTED ARTICLE.

THE ETHICS OF ABORTION AS A METHOD OF TREATMENT IN LEGITIMATE PRACTICE.

BY JAMES E. KELLEY, MD., F.R.C.S.I., M.R.I.A.

THE object of this paper is to investigate the ethical relation of the physician to the production of abortion in legitimate practice, and to consider his duties and responsibilities, when the question would intrude itself without the possibility of evasion, as in those cases of deformed pelvis and uncontrollable vomiting in which the operation is regarded as the last hope of the afflicted female.

Owing to the recognized and stable position which abortion has attained in therapeutics, I have refrained from questioning its claim to be classed among the resources of medicine, and I have also excluded the consideraton of its criminal or felonious aspect, much as I may marvel at the prevalence of a horrible crime which is devastating this fair land, and curtailing by the million the development of its population and its power. This aspect of the subject has been treated by many able writers, whose experience, naturally, has been far greater than that which has been afforded me by the revelations attending a comparatively short residence in Boston. I have endeavored to avoid, as far as it is possible in dealing with a subject so involved, all arguments based upon the doctrines of any particular creed, as well as any special reference to medico-legal authorities, because I wish to induce my audience to approach the subject dispassionately, and to permit each individual to reflect upon it independently of the preconceptions derived from religious teachings and professional prejudice. In the complex conditions of modern civilization the most honorable and humane men are frequently constrained by their surroundings to entertain views and to perform acts from which, upon consideration, they would shrink aghast. This insensibility is largely the result of the accretion of thought and the consequent growth of habits and popular beliefs; of the confusion of the relative bearings of associated ideas, and the resulting perversion of personal opinion and human sympathy. We perform many acts of injustice and cruelty owing to the difficulty of disentangling the great underlying principles, and in the struggle for existence, which suppresses all tendency to introspection, we are precipitated into psychological quagmires by custom, confusion, and self-interest. Such, I am satisfied, is the condition of the professional mind in relation to abortion, and I write this paper for the purpose of inducing the thoughtful physician to reconsider his duty and responsibilities, as well as to investigate the basis of the popular idea, that owing to the adoption of the most humane calling, a physician should be expected to produce abortion at the behest or for the benefit of any individual. I have appended a few suggestions indicating a possible method of relieving the profession from this unjust and odious responsibility, while extending to the parent and the fœtus the fullest measure of human justice.

As a preliminary to the consideration of the "Ethics of Abortion" it is necessary to recall the salient points relating to the viability and the individuality of the fœtus and to endeavor to determine at what point of intra-uterine life it attains a right to be regarded as a fellow mortal. It is unnecessary to remind you that as physiologists we cannot accept the dictum of Aristotle, who held that the fœtus did not attain viability until the fortieth day after the fruitful coition, neither can we coincide with those legal authorities who hold that the *human* offspring is not a *human* being until it ceases to be *pars viscerum matris*, and is completely extruded from the body of the mother. It is satisfactory to know that the definition is not universally accepted, many judicial writers regarding it as erroneous and productive of crime, owing to the immunity from punishment which

it affords to the evildoer. On the other hand it is interesting to discover that theologians and biologists agree upon the period when independent life becomes the attribute of the fœtus. The former hold as a dogma, that with the act of impregnation, instantaneously originates an absolutely independent life which confers upon the individual the indestructible soul, with all its associated rights and responsibilities, while the latter insist that at the moment of the fusion of the male and female germs vitality is established and the essential components of the mature individual are represented, the development which subsequently elaborates all the structural details proceeding by the innate differentiation of the impregnated ovum.

I would remind you that at a very early stage of the so-called vegetative life of the fœtus the essential characteristics of the vertebrate animal appear in rapid succession to the primitive groove which presents itself in the blastodermic membrane within a few days of impregnation. The vertebral column appears in the first week and arrives at the cartilaginous stage in the sixth; the intestinal tract is recognizable in the second week; the heart and lungs are visible in the third week and the duplex character of the former is apparent in the seventh; the cerebro-spinal centres appear in the third week, the brain being distinguishable in the fourth. This characteristic human organ is rapidly developed, and in the fourth month it differs only in size from its condition at birth, while the organs of the special senses as well as the sympathetic and sensori-motor nerves are developed simultaneously with the brain.

We must remember that immediately after impregnation, vital phenomena are manifested in cell-proliferation, differentiation, nutrition, and organization. With the exception of respiration, all the functions are performed early in fœtal life: the heart pulsates; the circulation is complete and independent of that of the mother; the intestines contract and the feces are expelled; urine, as well as bile and the other intestinal fluids are produced; the skin develops hair and epithelium, while its secretions are produced in abundance. At a very early period we recognize the physical conditions essential to the manifestation of the simpler nervous phenomena, namely, a nervous centre connected with afferent and efferent nerves. In the fourth or fifth month mobility is very apparent in the well-known and complex symptom of "quickening," and from that period we have ample proof of reflex and, apparently, of spontaneous or sensori-motor phenomena. If we coincide with Locke as to the capacity for ideation which infants possess, it is difficult to deny similar powers to the fœtus immediately before birth, and still more so to define the dawn of sensation and volition in an individual possessing all the essential organs in a condition differing only in degree from their more mature development. The capacity of the fœtus to perceive pain is impossible of proof, yet it is but fair to recognize that this power is contemporaneous with the development of the sensory zone of the cerebrum, in the fourth month. Consequently we may reasonably conclude that at least after this period, abortion is a source of suffering to the fœtus proportionate to its age and the violence employed in the operation. The conclusion at which we must arrive, a conclusion corroborated by the teachings of religion, is that from the instant at which impregnation occurs and the ovum receives life, the fœtus is human, and at all periods differs in degree and not in kind from the infant and the adult. Therefore, we must regard it as a "human being" with an inalienable right to life, and that its destruction is homicide.

If you permit me to remind you that homicide includes the destruction of human life under every possible circumstance, and that it is divisible into justifiable, excusable, and felonious, I shall endeavor to assign to abortion its proper position in this category. Here I may mention that for the sake of brevity and precision I have adopted the legal signification of "Abortion" which includes the destruction of the fœtus at all periods and under all circumstances between conception and "full term." Justifiable homicide comprises all those cases in which life is voluntarily destroyed owing to a motive which renders the act meritorious, as in warfare; in obedience to the command of a properly constituted authority; by an official in the performance of a duty imposed upon him; in the prevention of forcible or heinous crime, or for the protection of the life or honor of the slayer or of some person dependent upon him. The justification is, however, limited by the most stringent conditions, and to slay the greatest malefactor extra-judicially is wilful murder. A judge without a commission from

the authorities cannot command the execution of a criminal even after the most impartial trial; the execution must correspond accurately with the sentence. A homicide committed by an officer of the law must be absolutely necessary for the performance of an imposed duty; even an individual in self-defence or interfering to avert a great crime, must have adequate motives for his action. Any departure from these conditions converts the act into wilful murder. Homicide is excusable when it is caused by mischance or accident, except when the slayer manifests a wanton disregard for the safety of others; and when the life or valuable property of the slayer, who must not provoke the affray, is in imminent danger. Felonious homicide is always wiful murder, or murder of the first degree, unless alleviated into manslaughter, or murder of the second degree, by being the involuntary and unfortunate consequence of some act not strictly lawful, or occasioned by some sudden and sufficient provocation. Wilful murder is characterized by premeditation or malice aforethought, which, among other conditions, includes the intention or, even without the intention, the knowledge of the liability of the act to kill or injure any person though that person be other than the victim of the violence.

Abortion is not justifiable homicide because it is not commanded or permitted by any authority, the law forbidding it under every circumstance, and all Christian religions agreeing in refusing to countenance the deed. It is not decreed by a legal tribunal or committed by a specially commissioned officer of justice in the performance of a necessary duty, or by the operator as a public executioner. It cannot be said to prevent the fœtus from committing a violent or heinous crime; the life, honor, or property of the physician or that of any one having an ethical claim upon him for protection is not in danger. In addition, it is obvious that the restrictions which qualify the privilege are also in full force against the act. Abortion is not excusable homicide because it cannot be the result of mischance or accident; it is not performed in self-defence by the physician, nor can the contingency be considered as unprovoked by the parent. Abortion cannot be held to be manslaughter because the very nature of the case demands grave premeditation and definite plan of action, which constitute malice aforethought; sudden and sufficiently violent provocation is impossible on the part of the fœtus, and abortion is performed with the obvious intention to commit an aggravated felony, and the operator has a perfect knowledge of the fatal nature of the act. Thus, presenting all the essential conditions, we must look upon abortion as nothing less than wilful murder. But is it not still a greater crime? Crimes are divided into natural and unnatural, the latter consisting of all those acts which are contrary to the great fundamental and natural instincts of self-preservation and reproduction of species. Abortion is an act which is directly antagonistic to reproduction, and as such, like suicide and other crimes which are unnamable, it is unnatural. Consequently it is a greater crime even than wilful murder; a

"Murder most foul and most unnatural."

We shall now consider the relations of parents to their offspring, and the foundation of their claims to the life which they have conferred. Divesting this gift of its inscrutable and preternatural qualities, let us regard it in the light of an ordinary worldly benefaction. According to the statutes regulating ownership, when a gift is of such a nature that it cannot be formally bestowed and accepted, any act conferring upon the recipient or donee the power of using the article constitutes him the absolute owner. Apparently this is the statute which approximates most closely to the transference of life from the parents to the fœtus. Possession is another legal basis of ownership which, for the prevention of injustice, throws the onus of proof on the claimant, and, in addition, as the transmitted life is neither real nor personal property, a claim to its resumption cannot be based upon any existing law. The gift of vitality, which is essential to the existence of the recipient, is voluntarily or thoughtlessly discarded by the parents in the pursuit of pleasure and the gratification of a passion. The donors must be held to be cognizant of the probable effects of this act, and the deed is ratified by being sealed with the image of God which conveys to the fœtus the infinitely greater gift of the immortal soul. Consequently the life must be regarded as the inalienable and lawful property of the recipient, who can be deprived of it only by an unjust and despotic act. Such are the usual conditions under which life is transmitted from the parents to the offspring, and for the gift the latter appears to be under no moral obligation,

and least of all that of surrendering it. Filial duty is rather the result of subsequent solicitude and parental services which, accumulating during the periods of infancy and adolescence, render the claim of the parent upon the life of the offspring directly proportionate to its age. However, if we admit for a moment the right of the parent to the life of the offspring, it is easy to conjecture many cases after birth in which the resumption might be defended by all the arguments used in favor of abortion, in addition to the other considerations which I have just suggested. Let us assume, for example, that a parent reduced by hemorrhage has, humanly speaking, but one chance of life, that by transfusion of blood, and that the only available source is her infant, to whom the abstraction of the requisite amount would be, without question, necessarily fatal. It may be contended that in this instance an essential element is absent, namely, that of mutual danger and the necessary forfeiture of both the lives if one should not be sacrificed. Let us modify the situation but slightly by supposing them to be famishing castaways in mid-ocean, and that the parent sacrifices her child for her own sustenance. Then, indeed, the right of the mother to kill her offspring with the object of saving her own and, in her estimation, the more valuable life, must be regarded as at least as well founded as is that of the mother who demands the destruction of the child within her womb to free her from the fatal consequences of her voluntary act. A parallel contingency in real life occurred recently which resulted in the trial of two men for the murder of their companion. They were starving at sea in an open boat, and to prolong their own lives by drinking his blood, they hastened, by a few minutes, the death of an expiring boy by cutting his throat. After a most exhaustive trial, in which the case was argued by some of the most distinguished lawyers at the English bar, they were found guilty of wilful murder and sentenced to suffer the extreme penalty of the law.

Of the many arguments which are advanced in favor of abortion, that which appeals most strongly to the sense of the community is the propriety of preserving, at any price, the life of the mother, who is frequently a loved wife, a valued friend and the inestimable centre of a family circle. This is a plea which I should be the last to reject, but we must not permit any collateral considerations to blind us to the object of our investigation, namely, to determine the fullest measure of justice to which the mother and the fœtus are entitled and the position of the physician in relation to the performance of abortion. It is often contended that the undeveloped condition of the fœtus and its dependent and defenceless state detract from its claim to existence, but if we exclude the element of birth this is an argument which with equal propriety may be advanced against the rights of many adults, most children, and all infants. Mental deficiency might be pleaded with equal justice in defence of the murder of many of our fellow-creatures, as the imbecile, the insane, and even the comatose, but, far from extenuating the act, their condition only aggravates any violence which is offered to them; while monsters, the cyanotic, and the victims of arrested development could be as justly destroyed on the ground of incomplete physical conformation as the immature fœtus.

By a modification of the arguments which are based upon the shifting and delusive assumption that abortion is sanctioned by being conducive to the benefit of society, it would not be difficult to defend a proposal for the stamping out of virulent epidemics, such as cholera and yellow fever, by the killing of those who are first stricken with the disease. Another defence of abortion is based upon the futile and deceptive comparison of the relative value of the lives of the mother and fœtus. This is but an effort to contrast the known with the unknown, for the natural development of this unborn being may possibly result in a career greater than any with which the old world or the new has ever yet been blessed, greater even than that of a Cæsar or a Socrates, an Aquinas or a Washington. It must be acknowledged, however, that the approximate value of human life is based upon its probable duration and the estimate of society. If we accept as a test the probable duration of life, we must decide in favor of the fœtus, for although the probabilities are greater in a child of ten years than in an unborn babe, the latter, owing to the low mortality in pregnancy and parturition, has a better prospect of life than any adult. Assuming that the estimation of society or of the friends be accepted as a basis of judgment and action, almost invariably the mother's life will be that which the physician will be implored to preserve. It is possible, however,

that in rare instances, as when a great inheritance, a title, or a dynasty depends upon a child's life, he may be commanded, at his peril, to sacrifice the mother and save the child. Law and religion are opposed equally to both the acts. Custom is more tolerant of the fœticide, but expediency, which is the sole sustainer of abortion, sometimes may vary its verdict and declare itself favorable to the preservation of the more valued, even though the younger, life.

It may appear to the casual or superficial thinker that the mother, at least, is justified by the first law of nature to destroy, by her own action, the life of the fœtus, if she possess the requisite knowledge and skill, but we must remember the conditions which limit this natural right. The slayer must not provoke the affray or the "difficulty," and the Catholic doctrine adds the proviso that to justify the killing the victim must be an "unjust aggressor." Neither of these conditions is fulfilled, because the mother is generally a consenting and often an inciting party to the act of conception, and the proverbial innocence of the "unborn babe" makes aggressive injustice impossible. Therefore the mother has no right to destroy her offspring with the object of preserving her own life. The father has still less justification for interference, because, although it is his duty to protect his wife, he, at least, has been voluntarily accessory to the originating act, and his privileges are in other senses more limited than those of the mother.

We have considered the relations of all the individuals implicated in an abortion, with the exception of the physician, who must act either as a skilled agent or as a principal. If we regard him as an agent who has been engaged to perform a specific act, his rights and privileges cannot be in excess of those who employed him; and if, as I have endeavored to demonstrate, the mother or father have no right to destroy or engage another to destroy the fœtus, the physician must act upon his own responsibility, and we shall proceed to investigate his position. The duty of a physician may be summarized thus: He must perform every just and lawful act which is essential to the life and conducive to the physical welfare of the patient whose care he has undertaken. Let us consider for a moment the responsibilities which he incurs in producing abortion. He decides that the procedure is essential, notwithstanding the probability that, owing to the rarity of the operation, his experience may be defective and consequently his judgment erroneous and misleading. Here I would remind you that in the practice of the more distinguished obstetricians, the proportion of intentional abortion appears to be inversely to their years, and it must be remembered also, that although the decision may occasionally be in the hands of an able and experienced physician, under existing conditions it is determined, more frequently, by the ordinary practitioner, who is often but poorly equipped for such a solemn responsibility. In addition, the case is decided not even by an honest, if ignorant, practitioner, but too frequently by the unreliable followers of one of the many "pathies" which help to swell the American death-rate, or by the incapable and unconscionable quack. The physician undertakes an operation which is necessarily destructive of one human life, and, owing to its dangerous nature, most hazardous to another, and possibly, as in cases of multiple conception, the operation may result in the death of three, or even a greater number of human beings. Unless he permits his own judgment to be subordinated to the equally fallible human opinion of his employer, he voluntarily undertakes a deed sanctioned by no law, but always regarded, often perhaps too impassively, as a felony, and punishable accordingly. Without any commission, and frequently prejudiced towards a certain view, he constitutes himself the judge of a court from which time admits of no appeal; before him a dumb and defenseless prisoner is arraigned for the intent to inflict an injury of which it is unconscious; he ignores that impartiality so essential in an arbiter of life and death, and is simultaneously the judge and the counsel for the prosecution; he decides adversely to the accused, condemns him to the most frightful and painful death, and lastly, as the executioner of his own sentence, he sends an unborn fellow-being from a world he has never seen into that "great Beyond," which the strong man and the wise man dread to enter even after the most prolonged and anxious consideration. In the saddest chapter of the saddest history, that of the Irish rebellion of 1798, one figure towers aloft by reason of his stature and his fiendish cruelty. His literally veracious epitaph ran thus:—

"Here lies that brutal Hempenstall,
Judge, jury, gallows, hangman, all."

I cannot discern how he differed from the physician who produces abortion, except that Hempenstall held a special commission from the King of England authorizing his brutal iniquities, he was maddened by his turbulent surroundings and excited by the inhuman antagonism which resulted from his victims being matured men, capable of resisting him, and of being possibly all that his education and his prejudices depicted them, while the physician has no warrant compelling him to perform the deed, his victim is a defenseless and unoffending fellow mortal; his surroundings and his teaching tend to calm deliberation and just conclusions, his duty is to preserve the life of his patient by every just and lawful act, and, mark you, all mankind who, formally or informally, come under his care, are equally his patients, the fœtus as well as the mother, and if he would not be a Bravo, neither fear nor favor nor remuneration can ever justify the sacrifice of the life or interest of one patient for the pleasure or advancement of another. Finally, that great dictum which underlies all true religions, "Do no evil that good may follow," deprives him of every flimsy and inadequate plea suggested by that insolence of ignorance so essentially a human attribute, reaching its highest development in the pursuit—here, it can hardly be regarded as a profession—which often, with the most inadequate preparation, arrogates to itself and has conferred upon it, by an otherwise rational public, the greatest worldly responsibility.

While personally repudiating all sympathy with abortion in any form, I shall conclude with the following suggestions, which may be justified by the principle that "new circumstances demand new laws." The prevalence of abortion as an established procedure in modern medicine, the freedom with which it is practised, and the enthusiasm with which it is advocated by gentlemen of great professional influence in this city, some of whom I heard in public indignantly denounce other individuals, medical, lay, and clerical, because they conscientiously refused to assist or sanction the destruction of the embryo, are the circumstances which convince me that no existing enactment, either human or divine, can prevent many physicians from practising abortion in good faith, and consequently that some "new laws" are needed which shall tend to limit its application to the minimum, and to alleviate, in the judicial sense, at least, the repugnant act of abortion into "justifiable fœticide." Such a restriction, while affording every advantage compatible with justice to the mother, should insure to the fœtus every possible security by adequate investigation and representation, in accordance with established legal procedure. Every court or tribunal consists of three essential elements: the plaintiff, the defendant, and the judge. The two first-named are frequently permitted to "appear" by proxy, and generally their interests are guarded by skilled advocates. In criminal law, where a fourth element is introduced in the person of the executioner, the greatest precautions are exercised to secure for the most notorious malefactor every advantage which can accrue from a thorough investigation, the admission of favorable testimony, and the assistance of able lawyers, who are frequently supplied by the authorities. Even when a cadaver is discovered the State institutes a most exhaustive investigation in order to determine the circumstances connected with the death, and the climax is reached when the Law, having executed a criminal, makes a formal inquiry into the cause of his death!

If such care be bestowed upon the elucidation of the causes of death and the equitable trial of abandoned criminals, it is natural that we should inquire if the State does not neglect its duty by permitting this notorious and daily destruction of human life without a rigid investigation, and the assertion of its unquestionable right to veto or to sanction each case, according to its merits. If the authorities could be awakened to the necessity of establishing a tribunal for the purpose of restraining those practitioners who are not deterred by ethical considerations or religious scruples, its construction should be an easy matter for the practical legislator. According to precedent it might consist of a presiding officer or judge, a physician of the highest professional probity and juridical reputation; an able practitioner as the counsel or defendant of the fœtus, the parent being represented by her personal medical attendant, and the fourth member of the court would be the executive officer. That such an officer as a State abortionist should be appointed is apparent, owing to the many instances in which no power could compel the attending physician to perform so repugnant an operation, while, even if he were willing to

undertake it, his opportunities might not afford him the essential skill and experience. It would hardly be in keeping with that rigid impartiality so desirable in a presiding officer if, as the executioner of his own mandate, he were to perform an operation for which he would necessarily be remunerated; neither would it be in keeping with the function of the physician to whom we have alluded as the representative or defender of the fœtus, to destroy the life of his client. With such a tribunal the operation would be shorn of some of its most objectionable features.

A restraint would be imposed upon those who regard their personal judgment as all-sufficient and final, if the practitioner were compelled to report to the executive those cases in which he considered abortion essential; the members of the noblest profession would be protected from a degrading demand to commit a felony; the popular opinion, which ascribes to the medical profession the odium of encouraging abortion, owing to the levity with which physicians frequently discuss the subject, would be exploded; without the sacrifice of dignity or emolument the physician would transfer to the strong arm of the law a great responsibility; without any infringement of her liberty, the patient would have the advantage of supervision and treatment by skilful and experienced physicians in consultation with her own attendant; and, finally, two classes of criminal abortion which occur but too often, and without attempt at concealment, would be eliminated.

The first is that in which the patient, anxious to evade the trials of maternity, imposes upon the inexperienced or careless physician by simulating the alarming symptoms of pernicious pregnancy, until he is persuaded that abortion alone can preserve her life; in the other class, the practitioner, more or less above suspicion, justifies or cloaks a criminal abortion by averring that the evacuation of the womb is essential. An instance illustrative of one or other of these classes was disclosed in the course of a notorious divorce trial, which recently scandalized this city. The attending physicians deposed that this abortion was essential, while other witnesses asserted that it was performed to avoid the expense and inconvenience of motherhood. A practical step toward the suppression of, at least, some forms of fœticide would be inaugurated by rendering its performance more dangerous to those abandoned wretches who abuse the most precious human instinct, dishonor the fair fame of medicine, and defile the national reputation by their dastardly and incredible outrages against the sanctity of life.—*Journal of American Medical Association.*

THERAPEUTIC NOTES.

CHRONIC DIARRHŒA.

Dr. M. O'Hara recommends—

℞. Tinct. nucis vomicæ . . . ʒij.
Tinct. cinchonæ comp. . . ʒiss.
Ext. coto . . . . . fʒiss.
M. Sig.—Teaspoonful every four hours.

PHTHISIS.

℞. Tinct. belladonnæ . . . ♏xvj.
Creasoti . . . . . ♏xvj.
Ext. hamamelis . . . fʒj.
Vini portense . . . ʒvij.
M. Sig.—Tablespoonful in water after meals.

CHRONIC RHEUMATISM.

℞. Potassii iodidi . . . ʒij.
Ext. cimicifugæ . . . fʒss.
Syr. zingiberi . . . ʒij.
M. Sig.—Teaspoonful in water after meals.

PLEURISY.

℞. Tinct. aconiti rad. . . . ʒss.
Magnesii sulphatis . . ʒiss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls in water every two hours.

ANTIPYRIN AS AN HÆMOSTATIC.

Dr. Casati eulogizes the hæmostatic virtues of antipyrin. Employed in a grave case of epistaxis in a five per cent. solution, the drug brought instantaneous relief. Equally efficient the drug proved in hemorrhages after operations; here a three per cent. solution suffices. Casati claims that the innocuousness of the drug, together with its antiseptic properties, renders it more eligible as an hæmostatic than chloride of iron and ergot.

CODEINE AS AN HYPNOTIC.

Dr. Schneider recommends codeine in doses of fifteen grains, given every three hours, as a hypnotic possessing material advantages over morphine in being well borne, causing no constipation, and being equally as reliable as the latter drug.

SALICYLATE OF BISMUTH.

The exhibition of salicylate of bismuth in chronic diarrhœa and intestinal catarrhs, first proposed by Dr. Solzer, of Berlin, is becoming quite popular with German practitioners. The remedy is usually employed after the following formula:—

℞. Bismuth salicyl.,
Sacchari lactis . . . āā ʒvj.
M. f. f. divide in part aeq. No. xl.
Sig.—One powder every eight hours.

HYPNONE.

There appears to be considerable variance of opinion as to the value of hypnone as a hypnotic. Mairet and Combemale concluded that the new remedy, though subduing mental excitation, is unable to induce sleep, while Dujardin-Beaumetz and Bardet claim that as a hypnotic the drug is only inferior to urethan. Given in doses of three to six grains, hypnone, according to these therapeutists, is a prompt, reliable hypnotic, and wholly exempt from secondary effects.—(Gehe's Report in the *Pharmaceutische*) Post No. 39, 1886.

NASAL POLYPI.

The treatment of nasal polypi by injection may sometimes be slow in its results, but it is generally the most satisfactory way to remove these troublesome tumors. The great questions to be settled in each individual case, are: (*a*) What fluid shall be selected for the injection? (*b*) How much shall we inject, and how soon shall it be repeated? (*c*) What shall be done to correct the cause of the polypus and thus prevent its recurrence, or the growth of other polypi? The choice of fluids for injection may be narrowed to small limits. Pure carbolic acid, with just enough water or glycerine to reduce it to the liquid state may be relied upon in most cases; making repeated injections of two or three minims into different parts of large growths every day, or less frequently, according to the extent of the action of previous injections. Where multiple growths exist, and the nasal fossæ are narrow and deep, a mixture of equal parts of carbolic acid and Fowler's solution may be injected.—*Progress.*

PUERPERAL FEVER.

℞. Tinct. veratri viridi . . ʒss.
Quinia sulphatis . . . ʒj.
Syr. yerba santa . . . ʒij.
M. Sig.—Teaspoonful every four hours.

EPILEPSY.

Dr. George A. Wiggins (Philadelphia Medical Times) recommends—

℞. Potassii iodidi . . . ʒj.
Potassii bromidi . . . ʒj.
Ammonii bromidi . . . ʒiiss.
Potassii bicarbonatis . . ʒij.
Spiritus chloroformi . . fʒij.
Infusi digitalis . q. s. ad fʒvj.
M. Sig.—Take two teaspoonfuls morning and noon, and three at bedtime.

TYPHOID PNEUMONIA.

℞. Acidi salicylici . . . ʒj.
Spts. ammonii aromat. . . ʒss.
Syr. simp. . . . . ʒss.
Elix. simp. . . . . ʒj.
M. Sig.—Two teaspoonfuls in water every four hours.

CROUP.

℞. Tinct. aconiti rad. . . ♏xx.
Ext. jaborandi . . . fʒiss.
Elix. simp. . . . . ʒij.
M. Sig.—Teaspoonful every two hours for a child two years old.

MASTITIS.

℞. Tinct. veratri viridi . . ♏xxiv.
Ext. phytolacca . . . fʒij.
Cascara cordial . . . ʒij.
M. Sig.—Teaspoonful every four hours.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ♏xij.
Potassii chloratis . . . ʒj.
Acidi hydrochlorici dilut. . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—Teaspoonful in water every three hours.

CHRONIC MYELITIS.

℞. Strychnia sulphatis . . gr. ss.
Tinct. cimicifugæ . . ʒiss.
Tinct cinchona comp. . ʒij.
M. Sig.—Teaspoonful in water every four hours.

CEREBRAL ANÆMIA.

℞. Tinct. belladonnæ . . . ʒss.
Liq. potassii arsenitis . . ʒj.
Tinct. cinchonæ comp. . ʒiij.
M. Sig.—Teaspoonful in water four times daily.

HEMORRHOIDS.

℞. Acidi tannici . . . ʒj.
Acidi carbolici . . . gr. iij.
Morphia sulphatis . . gr. v.
Ung. zinci oxidi benz. . . ʒiss.
M. Ft. ungt.
Sig.—Apply four times daily.

FLATULENT DYSPEPSIA.

℞. Creasoti . . . . . ♏xij.
Tinct. nucis vomicæ . . ʒiij.
Vini portense . . . . ʒvj.
M. Sig.—Two teaspoonfuls after meals.

AGUE CAKE.

℞. Ammonii chloridi . . . ʒij.
Ext. taraxaci . . . . fʒj.
Syr. simp. . . . . ʒj.
M. Sig.—Teaspoonful in water every four hours.

ELEGANT SEIDLITZ POWDER SOLUTION.

Having frequently prescribed seidlitz powders, and noting the adulteration and short weight of many dispensed, I decided upon the following method, which has given satisfaction to both physician and patient:—

SOLUTION NO. 1.

℞. Sodii bicarbonatis . . . ℈ij.
Potasii et sodii tart . . . ʒij.
Syr. aurantii cort. recent. . ʒvj.
Aq. gaultheriæ . . ad ʒij.
M. Ft. sol.
Sig.—Pour in a goblet half full of cracked ice.

SOLUTION NO. 2.

℞. Acid tartarici . . . gr. xxxv.
Syr. aurant. cort. recent. . ʒss.
Aq. gaultheriæ . . . ad ʒj.
M. Ft. sol.
Sig.—Add to No. 2 and drink while effervescing.

This forms an agreeable and effective aperient, devoid of any saline taste, effervescing slowly, and contains the virtue of one seidlitz powder, U. S. P., 1880.

This may be prescribed in quantity as it will keep indefinitely.

The taste is as agreeable as soda water. Aromatic syrup may be used if it is desired.—H. S. Brookes, Ph. G., M.D., *St. Louis Courier of Medicine.*

HERPES ZOSTER.

℞. Potassi chloratis . . . ʒj.
Tinct. ferri chlor . . . ʒss.
Aqua . . . . . ʒiiss.
M. Sig.—Teaspoonful in water every four hours.

SEBORRHŒA SICCA.

℞. Hamamelis distill. . . . ʒj.
Hydrargyri chloridi corrosivi. gr. viij.
Aqua . . . . . ʒiv.
M. Sig.—Sponge over the affected portions night and morning.

PSORIASIS.

℞. Potassii et antimonii tartratis gr. j.
Ferri iodidi
Quiniæ sulphatis . . āā gr. xx.
Aloini. . . . . gr. iv.
Ft. pil. xx.
M. Sig.—One pill three times daily.

Also—

℞. Lanolini . . . . . ʒiij.
Olei cadini . . . . . ʒiij.
Olei anthemidis . . . . gtt. v.
M. Ft. ungt.
Sig.—Apply night and morning.

CHRONIC ECZEMA.

℞. Unguenti hydrargyri oleatis.
Plumbi carbonatis.
Pulv. marantæ . . āā ʒj.
Naphtholi . . . . . gr. xx.
Unguenti zinci oxidi . . ʒj.
Ft. ungt.
M. Sig.—Apply twice daily.

CHRONIC MALARIA.

℞. Tinct. capsici . . . . ʒiss.
Tinct. nucis vomicæ . . . ʒiss.
Quinia sulphatis . . . . ʒss.
Acidi sulphurici dilut. . . ʒj.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful in water four times daily.

UTERINE CARCINOMA.

℞. Tinct. belladonnæ . . . ʒss.
Hydrarg. bichlor. . . . . gr. j.
Tinct. cinchonæ comp. . . ʒiiss.
M. Sig.—Teaspoonful in water four times daily.

NASAL CATARRH.

Dr. H. Marks (Therapeutic Gazette) recommends:—

℞. Cocaine hydrochl. . . gr. x.
Ol. eucalyptus . . . . gr. iij.
Iodoform . . . . . ʒj.
Milk sugar . . ad. q. s. ʒj.
M. Ft. triturate (snuff).
Sig.—Use every two or three hours. When relieved use two or three times a day.

Another formula which Dr. Marks has found of service is a modification of that recommended by Beverly Robinson, and is as follows:—

℞. Pul. fol belladonnæ . . . gr. xx.
Cocaine muriate. . . . gr. v.
Ol. rosæ . . . . . gtt. j.
Pulv. gum acaciæ ad. q.s. ʒss.
M. Ft. triturate (snuff).
Sig.—Use with powder-blower for anterior and posterior nares.

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SCHOOL SANITATION.

JUST about fifty years ago, after a protracted and arduous struggle on the part of the friends of popular education, the Public School System of Pennsylvania—which has since become one of the crowning glories of the State—was finally adopted. At that time, school sanitation was accorded little or no consideration. Those to whom were intrusted the duty of providing buildings for the thousands of children, who would soon thereafter be clamoring for school accommodations, were either ignorant of the principles of hygiene, or indifferent to the claims they rightfully had upon their attention. Except in cities and the larger towns, the school-houses of that period were mainly of the primitive order in point of architecture and sanitation, though perhaps the best system of ventilation known was to be found in the great open fire-places, which were distinguishing features of all those modest structures.

In the cities and larger towns where more spacious buildings were required, and where some respect was paid to external architecture, the earlier school-houses were more imposing in appearance, but in the matters of heating, lighting, ventilation, seating, location of blackboards, etc., were lamentably deficient. It is amazing that at any period of our civilization, those in charge of the educational interests of a great city like Philadelphia, could so far have forgotten what was due to the health and comfort of the thousands of children intrusted to their care, as to have sanctioned the erection and occupation of such travesties upon school-house architecture, as is displayed in a number of buildings then erected for school purposes, and yet those faulty buildings at the time of their erection, and for years subsequently, were among the boasts of the city. It has only been a few years since science has interposed her authority, and pointed out these most reprehensible defects, that the public mind appears to have been awakened in some degree to a proper sense of the duty which our public educators owe to the children, and that the efforts of some of the more advanced and more humane thinkers to bring about a healthful reformation in the directions indicated, have met with hearty encouragement. The present Board of Education has not hesitated to grapple with the subject, and in a calm and dignified manner insisted that in the erection of new school buildings, not only shall the defects which mar so many of the older structures be avoided, but that advantage shall be taken of all the aids which science and enlarged experiences have placed within their reach.

As a consequence of this progressive spirit the school-houses of recent erection in Philadelphia are models of completeness in all that relates to sanitation, though there is no doubt room for still further improvement. The Councils of the city, too, appear to be more deeply impressed with the importance of liberal appropriations for school-building purposes, they having had little difficulty in discerning the bent of public sentiment, that it not only approves such liberality but demands it. Were that sentiment more fully enlightened in regard to the character of a number of the older school-houses now in daily use; if it understood as it should the pernicious effects which ill ventilation, lighting, heating, and location exert upon the mental and physical health of the children, the demand for the tearing down and rebuilding of those unhealthful buildings would become imperative. True, such a course would involve a large expenditure of public money, but the investment would be one of the most profitable that could be made.

To compel the daily attendance of children in such school-houses is not simply a cruelty, but a grievous wrong,—a wrong that would not be tolerated a single day if the unhealthy effects resulting from the absence of the commonest sanitary appliances could be clearly and distinctly brought before the public eye.

It must not be inferred from what has been said, that school-houses of the character referred to are peculiar to Philadelphia. There are, perhaps, fewer of them here than in other large cities, but still far too many. The evil is of almost universal prevalence, though there is comfort in the thought that light is gradually breaking in upon the vitally important subject of school sanitation, and eventually that the reforms now so urgently demanded will be effected.

DR. WILLIAM C. WILE.

THE election of Dr. Wile as lecturer on Nervous Diseases and Electro-Therapeutics in the Medico-Chirurgical College of Philadelphia, brings to the institution a capable teacher and physician. For many years Dr. Wile has been most active in his duties as a progressive practitioner of medicine. He has been well schooled in all the duties of his profession by practical work in all departments. He has not only devoted much time to a large practice, but, in addition, has labored earnestly as a literary worker in many medical societies. He is a member of the Society of Medical Jurisprudence, of New York City; of the Connecticut State Medical Society; of the Fairfield County Medical Society, Connecticut, and president of the same for two years. He is vice-president, *ex-officio*, of the Connecticut State Medical Society; chairman of the committee of matters of professional interest in the State, elected by the members of the Connecticut State Medical Society for two years; medical examiner under the new coroner's law, and has been surgeon of the New York and New England Railroad Company; surgeon for the Housatonic Railroad Company, and surgeon for the Shepaug Railroad Company. He is a permanent member of the American Medical Association, and was secretary of the section of the practice of medicine of the American Medical Association, 1884, and was a member of the committee on State medicine of the American Medical Association, 1882. He was delegate to the American Medical Association from the Connecticut State Medical Society, 1881–84, and 1886.

Dr. Wile is editor of the New England Medical Monthly, which he founded in 1881. He is an honorable member of the Bridgeport Scientific Society; honorable member of the Bridgeport City Society, and local correspondent of the Connecticut State Board of Health; medical director of the department of Connecticut Grand Army of the Republic, 1881; corresponding member of the New York Medico-Legal Society, and member of the committee of arrangements of the Ninth International Medical Congress. He was delegate of the American Medical Association to the British Medical Association in Wales, 1885; delegate from the American Medical Association to all accredited societies abroad, 1886; vice-president of the American Medical Association; member of the Boston Gynæcological Society, and corresponding member of the Medico-Legal Society of France.

Dr. Wile will shortly remove to Philadelphia, assume his duties in the college, and enter into active practice.

A NEW METHOD OF TREATING SUPPURATING INFLAMMATION OF THE MIDDLE EAR.

DR. G. C. SAVAGE, of Nashville, has devised a new method of treating suppurative inflammation of the middle ear, which cannot fail to commend itself favorably to all who have had experience with that troublesome affection. Dr. Savage's method, which is as simple as it is ingenious, is thus described in the Nashville Journal of Medicine and Surgery. By politzerization, blow all the pus possible out of the drum cavity through the small opening in the drum membrane into the auditory canal, whence you can easily remove it by means of absorbent cotton on a probe or angular forceps; warm a solution of nitrate of silver (grs. to j) in water (℥j), and, having had the patient incline his head toward the well side, fill the auditory canal half full of the solution; *then ask the patient to expire fully, to close his mouth and hold his nose, and then make an attempt at respiration.* Since air cannot enter through either the nose or mouth the result of the attempt to inspire is exhaustion, more or less complete, of all cavities communicating with the nose and naso-phar-

ynx. The diseased drum being one of these, it must necessarily become exhausted. As a consequence, the drum membrane is drawn in and its perforation made more open, so that through it the solution in the auditory canal is either drawn into the drum cavity by suction or forced into it by atmospheric pressure, filling it more or less completely. During this attempt at inspiration, both the patient and doctor can hear the noise made by the rushing of the fluid into the drum cavity. The patient can now elevate his head, and the doctor can remove, by means of absorbent cotton, the fluid remaining in the auditory canal.

After a minute, the fluid, which has been drawn into the drum, must be blown out by politzerization, and removed from the canal just as the pus was in the first instance. After three to five minutes, the same process should be gone through with again, and then again, after a like interval, until the medicine has been made to enter the drum cavity from three to five times at the one sitting. One minute after the last suction, the medicine must be blown out as already indicated, and the auditory canal dried.

The patient is apt to return to the office on the morrow, with the statement that there has been no return of the discharge, and that he has been comfortable in every respect since the treatment. If, however, he should state that pus has re-formed, then you cannot do better than repeat the procedure of yesterday. In most cases a cure will result from the first treatment; in all cases a cure will result more rapidly than from any other plan of treatment.

The inflammation having been cured thus early, the edges of the incision or the margins of the perforation grow together, and within a few days the hearing distance is normal.

MYRISTICA.

THE medicinal qualities of nutmegs are worthy of more attention than they have hitherto received. They are fragrant in odor, warm and grateful to the taste, and possess decided sedative, astringent, and soporific properties. They will be found valuable in the treatment of summer diarrhœa, many cases quickly yielding to the administration of half a drachm in milk. They will also be found serviceable in gastralgia, flatulent colic, infantile colic, cholera morbus, cholera infantum, and dysentery. Insomnia may be effectually relieved by them when opium has failed, and chloral is contra-indicated. They can be administered in delirium tremens with safety and benefit when any other sedative would be perilous. They are effective in menorrhagia when due to a relaxed condition of the uterine tissues and vessels. They are also beneficial in hæmoptysis, hæmatemesis, and intestinal hemorrhage. An ointment composed of two drachms of powdered nutmegs, one drachm of tannic acid, and one ounce of lard, constitutes an excellent application for itching and irritable hemorrhoids.

The dose of powdered nutmegs varies from two to ten grains for children, and from ten grains to two drachms for adults. Larger quantities than this have produced profound coma lasting for hours. The dose of the oil varies from one to five minims, and of the spirits from thirty minims to two drachms.

CORRESPONDENCE.

OUR PARIS LETTER.

PASTEUR ON THE PREVENTIVE TREATMENT OF RABIES—M. VOISIN'S EXPERIMENTS ON HYSTERICAL PATIENTS — ANTIFEBRINE — LANOLINE — BACTERIAN ERUPTION FROM A WOUND—"SUTURES A DISTANCE"—COCAINE IN OPERATIONS ON THE SOFT PALATE—TUBERCULOUS PARONYCHIA — MEGALOSCOPE — GENERAL NEWS.

At a recent meeting of the Academy of Science, M. Pasteur read a further paper on the preventive treatment of rabies. He stated that two thousand four hundred and ninety persons have been treated by his method for rabies. Formerly the treatment lasted ten days. A daily injection of a fragment of medulla, removed from a rabbit, was practised on each patient. The first injection was made with a fragment of medulla fourteen days old. The two thousand four hundred and ninety persons thus treated represented different nationalities in the following proportions:—

England	80
Austro-Hungary	52
Germany	9
Belgium	57

Spain	107
Greece	10
Holland	14
Italy	165
Portugal	25
Russia	191
English India	2
Roumania	22
Turkey	7
Switzerland	2
United States	18
Brazil	3
France } Algeria }	1726

The number of French and Algerian patients amounted to 1700. Among these 1700 thus treated there were ten failures. Two failures were attributed to tardy arrival,—in one instance thirty-six days, and in the other forty-three days had elapsed since the bites were inflicted. M. Pasteur's statistics show that for France and Algeria, among 1700 patients inoculated by his method, ten deaths resulted: thus the proportion is one per 170. Every case of rabies received in the Paris hospitals is immediately communicated to Dr. Dujardin-Beaumetz, member of the *Conseil a'Hygiène et de Salubrité de la Seine*, who investigates and reports all such cases to the Consul. For the last five years sixty persons died of rabies in the Paris hospitals, which makes an average of twelve in a year. Last year there were twenty-one deaths. Since the 1st of November, 1885, when M. Pasteur's treatment was first practised up to the present time, there have been but three deaths from rabies in the Paris hospitals; two of these were of persons not inoculated; the third was of a person inoculated, but not according to the more energetic method described later on in this communication. The cases of failure M. Pasteur has to record were principally of children; these were bitten in the face, and were treated according to the early method. M. Pasteur has since acquired the conviction that this treatment is inefficient in bites of this description. When three of the nineteen Russians from Smolenski, who had been bitten by a mad wolf, succumbed, the first during treatment, the other two after, he feared that the treatment might prove ineffectual as a prophylaxis for rabies contracted from the bite of a mad wolf. It then occurred to him that all the dogs successfully vaccinated had received, as a last preventive inoculation, an injection with a portion of virulent medulla extracted the same day. The last injection, practised on Joseph Meister, was made with a medulla extracted the previous day. M. Pasteur accordingly subjected the remaining sixteen Russians to a second and third treatment in which injections were made with portions of spinal marrow four, three, and two days old. M. Pasteur believes the recovery of the sixteen Russians was due to having thus repeated the treatment.

Encouraged by these results, M. Pasteur has intensified his treatment, making it more speedy and active in all cases, and still more so for bites on the face, or for deep and numerous bites in exposed parts. The inoculations succeeded each other more rapidly in order to arrive at inoculation with fresh medulla. On the first day an injection with medulla of twelve and eight days old is made at eleven, four, and nine o'clock; on the second day at the same hours with medulla of six, four, and two days old; on the third day one injection with a spinal marrow, one day. The treatment is then recommended on the fourth day with medulla of eight, six, or four days old. The fifth day with medulla of three and two days, the sixth day with medulla of one day, the seventh day with medulla of four days, the eighth day with medulla of three days, the ninth day with medulla of two days, the tenth day with medulla of one day. Three treatments in ten days are thus made, and in each series the most recent medulla is finally employed.

If the bites are not cicatrized, or if the person bitten has delayed being treated, these series of treatments are applied after an interval of two or three days has elapsed between each. The fourth or fifth week, the dangerous period for children bitten in the face, is thus reached. This method of vaccination has been in operation for the last two months, and the results up to the present time are very satisfactory. The following facts afford sufficient proof of this. The six children subjected to the simple treatment succumbed; whilst ten children, bitten in the same manner last August, and subjected to the intensified treatment (traitement intensif) recovered, and as the dangerous period rarely exceeds in the case of children from four to five weeks, the patients in question are out of danger.

This new treatment required additional assistance, which was most ably rendered by Dr. Roux, sub-director of M. Pasteur's laboratory; Dr. Terrillon, agrégé de la Faculté de Medicine; Dr. Chantemesse, hospital doctor, and Dr. Charrin.

M. Pasteur observed that his prophylactic treatment of human beings for rabies, founded on the results from inoculating dogs which had not been bitten, might be objected to on the grounds that the conferred immunity of these animals from rabies after injection had not been sufficiently demonstrated. The fact of the refractory state of the dogs after trephining and intra-cranial inoculation is sufficient to answer to this objection. Trephining is the most certain method of infection, and its effects are unvarying. The author's first experiments of this kind were made in August, 1885, and were followed by partial success. These are the conditions that insure success: vaccination must

be begun the day following inoculation, and be rapidly effected, the series of preventive medulla being administered in twenty-four hours or less, this treatment to be repeated once or twice every two hours. The failure of Dr. Frisch, of Vienna, in experiments of this description was due to the slow method of vaccination he pursued. The success or failure of the vaccination of animals after their infection is dependent on the rapidity and intensity of vaccination. The immunity conferred under these conditions is the best proof of the excellence of the method.

Antifébrine is prepared by heating aniline with crystallizable acetic acid in a special receptacle; it is distilled and purified by successive crystallizations. It takes the form of a white crystalline powder having no odor, and a slightly sharp taste; it is almost insoluble in cold water, easily soluble in warm water, and especially so in alcohol and liquids. It melts at 113° C., and distils at 292° C., without decomposition. It is neutral, and resists the greater number of reagents. The action of antifébrine is four times more powerful than that of antipyrine. Many observers have tested its power in cases of typhoid fever, erysipelas, acute muscular rheumatism, phthisis, lung abscesses, fevers (leucæmia, pyæmia, septicæmia), and pneumonia. Antifébrine has been administered in doses of 0 gr. 25 to 1 gramme in brandy, wine, or wrapped in wafer paper. A dose of two grammes has never been exceeded by Cahn and S. Hepp, who are studying this drug, but it can be increased without inconvenience, according to the nature, acuteness, and certain conditions. The action of this substance manifests itself at the end of an hour, attains its maximum after four hours, and ceases, according to the dose, in the space of from three to ten hours. Antifébrine lowers the febrile temperature without exercising any influence on the normal temperature, and, according to various authorities, it does not present any of the disadvantages arising from different antipyretics. It occasions redness of the face, and profuse perspiration. No shivering has been observed in consequence of increased doses, though in some cases, as with antipyrine, patients have experienced a sensation of cold. With a lower temperature succeeds a noticeable diminution in the beating of the pulse, accompanied by an increase of arterial tension, shown by sphymographic observation. In a few cases, patients have been affected with excessive thirst, and diuresis has been considerably increased (2500 to 5500 cubic centimetres). In cases of muscular rheumatism, antifébrine has produced a decrease of pain and fever very rapidly. The only embarrassing symptom which occurred when antifébrine was first administered, was cyanosis of the face and extremities with some patients, a phenomenon which gradually disappeared, and left no cause for anxiety. According to Cahn and S. Hepp, antifébrine is highly to be recommended in clinical medicine, owing to its energetic action when given in small doses, also for its harmless effects on the stomach, and for its cheapness.

M. Jules Voisin, at the Salpêtrière Hospital, has made two highly interesting experiments on hysterical patients, in which he studied the action of remedies at a distance (médicaments à distance), of metals and of the magnet. He explained the phenomenon of various changes of personality offered by one of his patients, M. V—, the same who was subjected to the experiments of MM. Bourru and Butot (see Congrés de Grenoble, 1885, and Société de Biologie, 1885). M. Voisin's experiments were made with phials of an opaque color; these were corked and sealed. He was not aware of the contents of these phials, and was careful to utter no word in the patient's presence. He threw the patient into a lethargic, somnolent, and cataleptic state, but obtained no result under these conditions. When M. Voisin made his experiments on any patient in a state of wakefulness, this latter immediately fell into a state of hypnotism, and exhibited symptoms of disturbance, nausea, and vomiting. If the name of a medicament of which the effects are well known, or the effects of any medicament whatsoever were mentioned, during the state of hypnotism, the patient immediately represented the physiological effects peculiar to the influence of these remedies. Suggestion and unconscious suggestion were thus manifested.

In another series of experiments, M. Jules Voisin observed during one of these three phases of somnolence (lethargy, somnambulism, catalepsy), that the state of one of his patients, V—, was not affected by the magnet. In a state of wakefulness a change was only effected if the magnet was seen by the patient. It then caused an attack to take place. Suggestion was probably the cause of this phenomenon. Gold and mercury, in a state of wakefulness, caused redness and blisters, if V— was aware of their presence. These results were obtained likewise during somnambulism. By suggestion the subject of it immediately fell into a state of hypnotism, and exhibited symptoms of disturbance, nausea, and vomiting. If the name of a medicament, of which the effects are well known, or the effects of any medicament whatsoever were mentioned during the state of hypnotism, the patient immediately manifested the physiological effects peculiar to the influence of these remedies. General sensibility, sensorial, and motor sensibility, and the physical condition were affected by suggestion. M. J. Voisin, therefore, believes it possible that the phenomenon of change of personality, as described by MM. Bourru and

Butot, represented the last phase of an hysterical attack, a phase of hallucinatory delirium, which lasts several months, because these changes of personality are always followed by an attack. Similar changes of personality, lasting only a short time, were observed in somnambulism. They were always preceded by a physical change resembling an attack, and they were apparently reproduced by means of a mental suggestion, or unconscious suggestion, which accidentally recalled the anterior existence of V—.

At the French Congress of Surgeons, M. Aubert (Lyons) communicated a series of experiments he had made, which prove that lanoline retards cutaneous absorption, and adheres closely to the skin; employed with an antiseptic substance, it may thus prove useful to surgeons.

At the French Congress of Surgery, M. Nepveu read notes of a case of a woman of thirty-six, who had sustained an injury from falling on her hands. The third phalanx of the thumb was severely dislocated and a large superficial wound occurred. Local antiseptic treatment with sublimate and iodoform was adopted. A vesicular eruption appeared, which spread from the hand to the whole body; this was checked by an iodoform dressing. Lymphangitis was absent. On examination a quantity of bacteria were found in the contents of the vesicles. The progress of the symptoms was as follows after the wound: suppurative arthritis, bacterian eruption proceeding from the arthritis.

At the French Congress of Surgery, M. Assaky made the following communication concerning *suture à distance*, and surgical applications of grafting animal tissues. *Suture à distance* is employed in order to reproduce the continuity of an organ in cases where the separated parts cannot be readjusted. The suture threads join these parts more closely together. The threads are of catgut, and it has been proved that these threads place the organs in a particularly favorable condition for the reproduction of tissues. This method of suture has, up to the present time, been applied only in the case of nerves and tendons. M. Assaky stated that in both of these cases he had found the results satisfactory. *Suture à distance*, or separated suture for nerve tissue, has been recently adopted, after the ablation of a neuroma; also in cases where a portion of a nerve, impacted in a new formation, has been destroyed; likewise when nerves are imprisoned in a callus, in secondary nerve sutures, in which direct reunion is impossible.

The application of *suture à distance* should not be confined to surgical therapeutics of tendons and nerves. It should be employed in rupture of muscular tissue when the muscle is not deteriorated; in cases of loss of bony substance, whether the periosteum is preserved or not. It appears probable that catgut drawn from one fragment to another keeps the place to be occupied by the future bone, and aids ossification. Catgut may also be employed after artificial resections; artificial ligaments would thus be formed which would be rapidly transformed into a fibrous bundle. M. Assaky then made the following statement concerning the grafting of animal tissues. Grafting tissue from one animal to another of a different species or class is quite possible.

M. Peyrot first attempted tendinous grafting in the case of human beings, but only with partial success in two cases.

M. Assaky had failed in all his attempts to effect nerve grafting by transplantation. None of the attempts made by Philipeaux, Vulpian, Ranvier, Gluck, or Johnson, established the possibility of nerve grafting. In two attempts made by Vogt and d'Albertthe results were negative.

At a recent meeting of the Académie de Médicine, M. Ehrman (Mulhouse) read a paper with reference to the application of a solution of cocaine to the soft palate, in order to perform painless operations. It could not be substituted for chloroform in serious operations in this region.

At the French Congress of Surgery, M. Peyrot communicated facts observed in the case of a patient suffering from paronychia, of tubercular origin, on the right medius. The patient was also suffering from pulmonary tuberculosis. M. Peyrot amputated the finger. On histolological examination this was found to present tubercular lesions.

At the French Congress of Surgery M. Boisseau du Rocher exhibited a megaloscope invented by himself for the purpose of exploring the deep cavities—the bladder, intestines, and stomach. By means of this instrument the mucous membrane of the bladder may be examined within a space of twenty-nine centimetres. It is fixed on a bougie varying in shape and in calibre, adapted to the cavities examined. The mucous membrane must be washed previously to examination.

At the French Congress of Surgery the president announced that M. Balestieri had presented the sum of 1000 francs to the Congress, to be given to the author of the best treatise on the treatment of tetanus at the next year's Congress, or in two years' time. If no treatise is deserving of the prize the sum will be devoted to public charities.

THIS issue of THE MEDICAL BULLETIN is 1500 copies larger than the issues of last year. We permanently increased the edition 1000 copies with the January, 1886, issue. Hope to do better next year.

MEDICAL NEWS AND MISCELLANY.

Dr. H. Genet Taylor has removed to 305 Cooper Street, Camden, N. J.

The Archives of Gynecology, Obstetrics, and Pædiatrics will hereafter appear monthly, instead of bi-monthly.

Dr. C. C. Field, one of the best known and most expert surgeons of Eastern Pennsylvania, died at his residence in Easton on the 2d ult.

Dr. John P. Gray, one of the founders and an ex-President of the New York State Medical Association, and President of the Section of Psychological Medicine, Ninth International Medical Congress, died at his residence in Utica, on November 29th, 1886.

Dr. F. E. Stewart, a former valued member of The Medical Bulletin staff, has located at 1206 Delaware Avenue, Wilmington, Delaware, where he has introduced, in connection with his office, a system of vapor, electro-vapor, hot-air, and medicated baths, for the treatment of various obstinate forms of skin diseases.

The Congress.—It is gratifying to observe the evidences which portend a successful union of the best elements of the profession at home and abroad in the great International Medical Congress, at Washington, Sept. 5, 1887, and painful to observe the agony expressed by those who, on the one hand have denied themselves the privileges of membership, and on the other who, by their peculiar designation of title, etc., are not eligible.—*Progress.*

Western and Southern Medical Colleges.—An unusual number of medical students are attending the Western and Southern colleges this year. The schools in Cincinnati, Chicago, St. Louis, Louisville, Nashville, New Orleans, and Memphis have all been heard from, and report a large increase over the past few years; some of them have matriculated as high as one-third in excess of the number attending last year. May this not be accounted for, to some extent, by the indignation aroused against some of the Northern and Eastern teachers on account of the war they have made on the American Medical Association?—*Mississippi Valley Medical Monthly.*

The International Medical Congress.—The editor congratulates the profession upon the now established fact that the International Medical Congress, about which there has been so much disgraceful squabbling, will take place, and will be a glorious success. The dismal croakers of the medical press that have fought so hard against the success of the organization have ceased to croak of failure, and the men high in the ranks of the profession who have held themselves aloof from the work, and who by reason of their self-exclusion prophesied an ignominious failure, will soon have seen the error of their ways, and regret their course. The promise of attendance from abroad is good, and grows better every day. Papers from abroad and from all sections of this country that have already been announced to the chairmen of the various sections indicate a most interesting meeting.—*Nashville Journal of Medicine and Surgery.*

Salicylate of Ammonium.—Dr. J. K. Barnett (Journal of American Medical Association) believes, as the result of extended experience, that the salicylate of ammonium is to be ranked among the most efficient of the antipyretics.

As an antipyretic in all fevers characterized by extreme adynamia it ranks among the safest, owing to its ammonium base.

It is stimulant as well as antipyretic, and thus of itself fulfils indications otherwise only met by a combination of remedies.

It is an agent of wide germicidal powers, being promptly efficient in affections of great etiological and pathological differences, each confessedly arising from its own proper specific infecting micro-organism.

As a remedial agent in typhoid and remittent fevers it is unsurpassed, aborting them at the outset, under favorable conditions, and greatly mitigating their severity and danger under circumstances less favorable.

It is entitled to confidence in the treatment of pulmonary inflammations, either idiopathic or septic, and probably eliminates the dangerous factor, embolism, with greater certainty than any other prime curative agent.

It is the most efficient known remedy in puerperal septicæmia, and probably also in most septic inflammations of non-puerperal origin.

It is worthy of a trial in non-tubercular cerebral meningitis, as it gives some promise of relief in an affection which has hitherto resisted, if not resented, all modes of medical treatment.

Rectal Diseases of Women.—The most frequent disorder of the rectum in females is the purely functional one of torpor, or inertia of its muscular coat, with consequent constipation of the bowels.

With the rectum constantly loaded with feces, more or less pressure is brought to bear on the adjacent tissues and organs, causing disturbance of innervation and circulation, as well as displacements, with attendant phenomena.

These retained feces becoming dry and compacted, by absorption of their more liquid portion, irritate the mucous membrane in its ultimate forcible passage outward, leaving behind foci for future rectal ulceration.

At the outlet the sphincters are rapidly and forcibly stretched, their mucous and muco-cutaneous lining lacerated at one or more points, which afterwards may become irritable ulcers or fissures of that region.

Hemorrhoidal tumors, the result of obstructed bloodvessels, frequently form just above or within the grasp of the sphincters, which, after a deal of annoyance and vexation, as well as physical suffering, may either ulcerate or suppurate, and result in impacted ulcer or fistula.

These and other morbid conditions of the rectum I have known to exist for months and months, unrecognized, while various medical attendants had diligently probed and swabbed, cauterized and pessaried the innocent uterus in a vain endeavor to relieve the patient of her ailments.—J. I. HALE, M.D., *Weekly Med. Review.*

THE CONGRESS AT BRIGHTON.—The action of some American physicians while at Brighton during the late meeting of the British Medical Association was not dignified, as far as their actions and utterances in regard to the coming meeting of the Ninth International Medical Congress was concerned. While unable to say *why* there was not harmonious action in the United States; *why* they were not in active accord with the present organization of the Congress; *why* the Congress would not be a success, they tried to damn it with faint praise or open denunciation.

But when Dr. N. S. Davis got up before that great mass of representative men from all parts of the Empire of England, with representatives from France and Germany, as well as the United States, and in his masterly way put the whole subject before them in its proper and true light, informing them that the President of the United States and other prominent officials of our government had consented to become patrons of the Congress (much to the chagrin of the malcontents who had predicted otherwise), and closing with a cordial invitation to be present, it would have caused the hearts of the American profession to bound with joy, if they could have seen the enthusiasm displayed, the cheers, the speeches of thanks, and the cordial acceptance and the pleasure exhibited everywhere.

Pledges were given on every hand to come, and every one seemed to vie with each other in courteous attentions to the American delegates. In fact, we have never seen in our life so much genuine enthusiasm displayed by an English professional audience. While all this was going on the man who was selected to make the address of medicine, as a representative of the profession of the United States, took up his hat and left the hall. His interest was deep—*the other way.*—*New England Medical Monthly.*

HYPODERMIC INJECTION OF LISTERINE.—It seems strange at this late day that any observing physician should need to be told how to use "listerine." There is, however, one mode of its administration, to which attention may yet be called. I allude to its hypodermic administration. Keeping in view the fact that it is aseptic, tonic, non-toxic, its use is indicated in all cases of too rapid retrograde metamorphosis, or of deficiency (or perversion) of vital force. During the past four years I have proved this to my complete satisfaction. For the past four months this section has been scourged with a severe epidemic of dysentery and cholera infantum. I have used listerine, wherever indicated, by the mouth, by rectal injection and hypodermically, and the latter method has always yielded the best results. One case, from many similar ones in my call book, will illustrate. Jessie —, æt. 6 months, been sick with cholera infantum three weeks, has taken many large doses of calomel, quinine, soothing sirup, etc., much emaciated, dejections have an exceedingly bad smell. Surface cold and clammy, pulse rapid and very weak, stomach very irritable, cannot retain the listerine no matter how much diluted, rectal injections do only temporary good. I apply external warmth, give hypodermically a half-drachm of a fifty per cent. solution of listerine in rose-water; in an hour word comes that the baby is better; in six hours I repeat the injection, in twelve hours change for the better is so decided that I can give the remedy by the mouth, diluted with breast-milk. It was made as strong as the child could take it. With this, and good nourishment and care, baby rapidly convalesced. In dysentery, typho-malarial fever, chronic "chills," phthisis, etc., whenever the pulse is rapid and weak, where a vital tonic and antiseptic is indicated, I have always used it hypodermically with positive good results. Given a case where nature seems to be overcome by a poison which she cannot eliminate with sufficient rapidity, give listerine hypodermically, if needed, aid or stimulate the kidneys, bowels, or skin, and the listerine will soon manifest its power in a very positive manner.—F. A. REW, M.D., Portia, Ark.

CHINESE MEDICINE.—In Pekin there is the Imperial College of Medicine (115 members, fifteen imperial doctors, thirty-nine practitioners, forty doctors, and thirty aspirants) and an imperial council of health. The Academy of Medicine, according to Pauthier, is for examinations and the giving of diplomas, it also appears to have another mission, that of recruiting doctors for the sovereign and his surroundings, as well as to preserve in all their purity the dogmas of Chinese medicine. The practitioners are to look after their inferiors, and to see to it that they do not depart from doctrinal precepts. Anatomy is not taught in China, dissection not being allowed. Nevertheless, there has been introduced into the Imperial College itself a few translations of foreign medical works on anatomy and pathology, which have already commenced to modify a little the ideas of the most intelligent Chinese doctors.

Lawful medicine is held in very little respect in

China, although there is an outward show of the Chinese student connecting himself with some celebrated practitioner before beginning for himself. Their principal study is the pulse, they also employ scarification, *moxas*, *acupuncture*, etc. Medicine appears, however, to have entered into a period of decadence with them, for some thousands of years past. At Thibet and Tartary there are now no medical schools, medicine being practised by the priests, who have had no preliminary training, and solely by reason of their sacred character.

China has had for a long time asylums and homes for orphans and friendless children, the sum allowed by the State Budget of Public Assistance in 1810 reached the sum of ten million francs.

The number of practitioners is considerable, but all without exception are empirics, without instruction, nor does there exist a single hospital where it could be obtained. In private practice, if the first or second prescription is not followed by immediate cure, the doctor is replaced by another, thus a patient with an attack of pneumonia or typhoid fever, for example, would pass through the hands of from eight to ten doctors.

The Chinese doctors are polypharmacists; auscultation and thermometer are absolutely unknown to them, while on the subject of the pulse there exists the most fantastic theories. It is thought that a doctor, by examining the pulse, can diagnose pregnancy in all its stages, and tell with certainty the sex of the fœtus, whether it is single or multiple. There are no surgeons; aneurisms, abscesses, arthritis, etc., are treated by acupuncture. They heat the points of needles, thrusting them into the flesh until the cries of the patient informs the doctor that he has reached the limit of sufferance. The Chinese know nothing of general anæsthesia, so that foreign doctors often have to treat cases of purulent arthritis caused by that singular therapeutic agent. Gynæcology is in the hands of old women. In cases of childbirth, one old woman is followed by another, each one pulls at whatever part of the fœtus she may be able to get hold of. Rarely is a doctor called in, but should he be somewhere and cannot come to the patient, he orders a combination of drugs both internal and external, or incantations to be performed before the patient to drive away the evil spirits that oppose the expulsion of the child.

Autopsies are never practised. The Chinese doctor, not having dissected, has no knowledge of the anatomical relationships of the internal organs. He knows, like the people, that animals have a heart, a spleen, etc., only because he has seen them at the butcher shops.—Translated by ROBERT OLIVER KEVIN, M.D., *Le Progrès Médical.*

BOOK REVIEWS.

The Mathematical Theory of Electricity and Magnetism. By H. W. WATSON, D.Sc.F.R.S., and S. H. BURBURY, M.A., Vol. I. Electrostatics. Large 8vo., pp. xii–268. New York: Macmillan & Co., 112 Fourth Avenue.

The distinguished authors have written a book of intense interest and value to electrical students in whatever line of work. The demonstrations are terse, clear, and succinct. Particular stress may be laid to good writing in the chapters on Potential; on the Theory of Inversion in Electrical Problems; on Electrical Systems in Two Dimensions; and on Electrical Energy. No engineer's library will safely be without this companion to Maxwell.

House Plants as Sanitary Agents. By J. M. ANDERS, M.D., Ph.D. Philadelphia: J. B. Lippincott Publishing Company.

This work has had its origin in a new field of research, and one in which its author has shown himself a zealous and original investigator. The scope, as well as the object of the book, are well expressed in the following sentence, which we borrow from the preface: "Let it be understood at the outset that this effort does not claim to be either a treatise upon hygiene or botany, the author's earnest wish being simply to set forth, in plain terms, the latest light regarding the effects of some of the various physiological functions in plants and flowers upon the atmosphere in general, and the air of dwellings in particular, as well as the application of this knowledge to the laws of health."

After a careful perusal of this work, we have no hesitation in stating that Dr. Anders has furnished new truths of great practical import, which form a real addition to the science of hygiene.

The work is divided into ten chapters, some of which, we venture to suggest, it would have been the part of prudence to have again subdivided.

In the introductory chapter the author has pointed out the tenacity with which our forefathers adhered to the idea that growing plants in dwellings, particularly when kept in sleeping apartments, exercised an injurious effect upon the occupants.

This supposed hurtful influence was ascribed to plant breathing, but this belief is, in the second chapter, shown clearly to have been a popular fallacy. The author arrives at the conclusion that plants, properly watered, do not abstract moisture from the air through their foliage organs. The theory of Professor Tommasi Crudeli, to wit, that house plants may cause malaria is not decided, but the author, after briefly describing the symptomatology of the disease in question, points

out the means of obviating this danger, without making it necessary to discard the plants. Chapters four and five are devoted to a detailed account of numerous experiments upon transpiration and the development of ozone by flowering plants—two functions upon which the hygienic influence of growing plants chiefly rest. By ingenious experimentation Dr. Anders has shown that the evaporation of moisture from the leaves of plants furnishes an agreeable and efficient means, under proper regulations, of overcoming the acidity of the air of rooms heated by a dry-air furnace. Considering the well-known unfavorable influences attending the usual artificial methods of heating, this point is of the highest practical importance.

After clearly establishing for plants the claim that they are capable of developing ozone, he proceeds to speak of the important sanitary relations of this body. Pine foliage is shown to generate ozone with great activity, and doubtless much of the benefit derived from a residence in a pine district is ascribable to the presence of this energetic atmospheric constituent. Chapter six treats of the sanitary value of house plants in the chambers of the sick. Among the rather numerous complaints and conditions of the system to whose treatment plants, though in varying proportions, are peculiarly adapted are the following: true croup, acute and chronic bronchitis and laryngitis, convalescents from acute diseases, as well as in certain functional nervous disorders, and many chronic ailments. To phthisis, and its treatment by growing plants, the author has given great prominence. He does not regard plants as a specific in confirmed chronic consumption, but they are recommended to the profession as worthy of being placed among the most valuable measures in this disease, if they be cultivated under judicious regulations, the general rules for which are also given. Growing plants are specially efficacious as agents to prevent phthisis. To establish this point Dr. Anders has adduced quite convincing evidence, both from actual experiment and practical observation. Thus from the side of direct experiment, he has shown that plants furnish an equable clime, having the proper degree of humidity and containing ozone. We must admit that living in an atmosphere such as this would certainly tend to maintain the mucous membrane of the air-passages in a healthy state of tonicity. From the side of practical experience he has collated statistics based on the histories of fifty florists and gardeners. Professor Thomas Meehan contributes one chapter, on subjects pertaining to practical floriculture, giving much information of importance to those wishing to take up the delightful and healthful occupation of cultivating plants and flowers.

The two concluding chapters discuss the "Sanitary Influence of Forest-Growths," and these contain much that is of interest to the practitioner, who is frequently obliged to make choice of climate for consumptives and other invalids. The pages devoted to this subject, which is treated in a highly attractive manner, are filled with lessons of great value to the general public, while they furnish the first arguments we have yet seen of the need of better provisions for the preservation of our American forests.

The work of the publisher has been admirably done. On the whole, the work from cover to cover is conspicuous for freshness, for originality, and decided literary charm.—A. K. M.

Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Diseases. By HERMANN VON ZEISSL, M.D., late Professor at the Imperial Royal University of Vienna. Authorized edition. Translated, with notes. By H. RAPHAEL, M.D., Attending Physician for Diseases of Genito-Urinary Organs and Syphilis, Bellevue Hospital, etc. New York: D. Appleton & Co., 1886.

This valuable work is the result of the observation of over thirty thousand cases of syphilis and other venereal diseases, which were treated by the distinguished author during a period of thirty years of hospital and private practice. It is practical in character, and written in attractive style, and will be found to be a valuable addition to the literature of the subject.

The Standard Operas; their Plots, their Music, and their Composers. By GEORGE P. UPTON. 12 mo., pp. 343. Chicago: Jansen, McClurg & Co., 1886.

Brief but excellent biographies are here found of twenty-two leading composers, ranking from Beethoven down. To this is added succinctly the plot, with a clear and scholarly *critique* of the music of sixty-three operas of world-wide fame. Further notice of fifty-seven works by men of lesser standing is given in an appendix, and of these a good many have secured a popularity which does not yet show signs of declining. Every music lover should own the book, and to the teacher it is indispensable. The volume is handsomely got up in paper, type, and binding.

The Physician's Visiting-List. Philadelphia: P. Blakiston, Son & Co.

The Physician's Visiting-List for 1887, in its thirty-sixth year of publication, aims to supply a necessary want in the form of a hand-book to the general practitioner; and its feature of serviceableness may be readily understood in the table of contents, including Table of Signs; Marshall Hall's Ready Method in Asphyxia; Poisons and Antidotes; The Metric, or French Decimal System of Weights and Measures; Disinfectants, Condensed from the Conclusions of the American Health Association; Examination of Urine; List of Standard Reference Books; Incompatibility of Drugs; Table for Calculating the Period of Utero-Gestation; Memoranda of New Remedies; Sylvester's Method for Producing artificial Respiration, and Diagram of the Chest; together with blank leaves for the visiting-list; monthly memoranda; addresses of patients and nurses; accounts asked for; memoranda of wants; obstetric and vaccination engagements; record of births and deaths, and cash accounts. The book has also its advantage by its adaptation for the side pocket, being convenient in size and in weight. From these essential recommendations we can cordially commend the book to the notice of physicians for its practical usefulness.

COMMERCIAL NEWS.

INDIGESTION.

Messrs. Llewellyn & Genois, Pharmaceutical Chemists, Philadelphia, are now introducing a superior medicinal preparation, under the name of Genois's Diastasic Malt, which is meeting with merited success. It contains a very large amount of extractive matter (over twelve per cent.), and a minimum quantity of alcohol (less than four per cent.), for preserving it. It is also rich in diastase, which fact alone renders it of the greatest value in dyspepsia and other disorders of the stomach arising from inability to digest food. Physicians will find it also an excellent dietetic tonic, well adapted to invigorate and sustain the strength of patients, who, from sickness or weakness, have fallen into a state of languor or deficient appetite. This preparation of malt is made by competent chemists (not brewers), and the same care is exercised in the process of manufacture as is taken by druggists in compounding a prescription. Write for further information, or send thirty-five cents for sample bottle, mentioning THE MEDICAL BULLETIN.

REMARKABLE MEMORY.

Dr. T— asserted lately that the excessive use of tobacco impaired the memory. Some cases in point, and others in contradiction of this assurance were cited. A gentleman from Marseilles took the floor.

"Stuff!" he exclaimed. "I smoke sixty cigars a day, and can remember when the midwife said to my mother, 'Madame, it's a boy!'"—*Ex.*

ANTIDOTES.

The "Poison Case" of Charles Truax & Co. (81 Randolph Street, Chicago), is intended for emergency calls in cases of poisoning, and contains twenty-five well selected antidotes to poisons, a German siphon stomach tube, and a pamphlet (edited by Dr. Webster), containing a list of remedies in the case, their doses and administration, together with an alphabetically arranged list of poisons, their symptoms and treatment. The physician who has provided himself with one of these cases may not only be assisted in his diagnosis and the selection of an antidote, but he may save much valuable time by being enabled to promptly administer it. Write for descriptive pamphlet, mentioning THE MEDICAL BULLETIN.

THOUGHT HE COULD SEE CLEAR THROUGH.

A specialist in throat troubles was called to treat a Boston lady, who manifested so much interest in his surgical instruments that he explained their uses to her. "This laryngoscope," said he, "is fitted with small mirrors and an electric light; the interior of your throat will be seen by me as clearly as the exterior; you would be surprised to know how far down we can see with an instrument of this kind." The operation over, the lady appeared somewhat agitated. "Poor girl," said her sister, who was present, "it must have been very painful." "Oh, no, not that, not that," whispered the Boston lady, "but just as he fixed his instrument in place I remembered that I had a hole in my stocking."—*Ex.*

RHEUMATISM.

The able practitioner, B. R. Morrow, M.D., of Eighth Street and Second Avenue, New York City, says that he has treated upwards of three hundred separate and distinct cases of the various forms of rheumatism with Griffith & Co.'s Compound Mixture of Guaiac, Stillingia, etc., with but three failures. This is less than one per cent. We are very modest, and only claim that about ninety-five per cent. of the cases will be benefited by its use, or, in other words, that about five per cent. of the cases treated with the mixture will not respond to its influence.

NO TROUBLE.

"Do you have much trouble in getting your children to take medicine?" said Mrs. Green to Mrs. Black. "None at all." "How do you manage it?" "Well, for instance, when I want my boy to take castor oil, I pour the oil into a glass and say, 'Here, Tom, drink this; but you needn't ask for any more.' Then he drinks it with apparent relish, believing that I am not anxious for him to take it. He always asks for more. Oh! no; it's no trouble to get my children to take medicine."—*Arkansaw Traveller.*

TONIC STIMULANT.

We desire to call special attention to Royal Tokay. This wine is put up expressly for the use of the medical profession, and is unquestionably equal to any imported article at double the price. We have compared both of these wines, and we believe, if there is any preference, it is in favor of the Royal Tokay. As the proprietors offer to send a sample gratuitously to the profession any physician can satisfy himself personally.—*Journal of Reconstructives.*

CLOSE RESEMBLANCE.

When twin babies are so very much alike that they cannot be readily distinguished apart, the difficulty can be overcome by slitting the ears of one with a pair of scissors. Another plan is to tattoo a lizard in the forehead of one baby and an elephant in the forehead of the other.—*American Hebrew.*

IT KEEPS.

The attention of physicians is called to the fact that the keeping qualities of Hydroleine have been so improved that it will not change in any climate. Every bottle is guaranteed to keep fresh and all right in any temperature. Write for a sample to William F. Kidder & Co., New York City, and mention THE MEDICAL BULLETIN.